09092 **MARYLAND STATE DEPARTMENT OF HEALTH** 09079

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 7 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baltimore City
STREET ADDRESS (If rural, give location) Bellona Ave.

3. NAME OF DECEASED (Type or Print): (First) Rafaella (Middle) (Last) Acosta

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1872 - 7-29

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dr. Eleazer Acosta

14. MOTHER'S MAIDEN NAME: Mary Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ———————

17. INFORMANT AND ADDRESS: Mrs. Philip A. Carroll ~ Ellicott City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic cardio-vascular disease — Interval Between Onset and Death: 10 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1947, to October 4 1954, that I last saw the deceased alive on Oct. 4, 1954, and that death occurred at 7:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Philip D. Flynn M.D. Physician — 11 E. Chase Street #2 — 10/5/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: Oct. 6, 1954 — NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 10-5-54 — REGISTRAR'S SIGNATURE: A W Bosley — 24. FUNERAL DIRECTOR — ADDRESS: H. H. Mears & Son 805 N. Albert St. 2

55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09080

09093

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore #1
STREET ADDRESS (If rural give location) 442 Orchard Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) E. (Last) ALLEN

4. DATE OF DEATH: (Month) October (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 8, 1895

9. AGE last birthday: 59 yrs. If UNDER 1 YEAR: Months, Days. If UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator helper

10B. KIND OF BUSINESS OR INDUSTRY: Coast Guard

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Richard Allen

14. MOTHER'S MAIDEN NAME: Mary MN: Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 218-10-4754

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PULMONARY INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — (B) DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE — 8 YEARS

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) A.M. P.M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1954, to Oct. 22, 1954, that I last saw the deceased alive on Oct. 22, 1954, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE CHARLES R. DUGAN, M.D. — ADDRESS M.D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED 10/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/27/1954 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-25-54 — REGISTRAR'S SIGNATURE A. W. Hedrich dmr.

24. FUNERAL DIRECTOR Arlington S. Phillips — ADDRESS 1808 N. Monroe St. Baltimore 17, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09081

09094 CERTIFICATE OF DEATH Reg. Dist. No. 45

1. PLACE OF DEATH: 22 Riverside Road
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS /

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 54
STREET ADDRESS (If rural give location) 22 Riverside Road (Essex)

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) (Last) Amos

4. DATE OF DEATH: (Month) Oct. (Day) 7, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 24, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Brune

14. MOTHER'S MAIDEN NAME: Elizabeth Beaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Mr. Millard F. Amos, 22 Riverside Rd. Essex Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Arteriosclerotic Cardio-vascular — Interval Between Onset And Death: 4 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Disease — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: no — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1954, to Oct. 7, 1954, that I last saw the deceased alive on Oct. 7, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James F. White M.D. — ADDRESS 422 Eastern Ave, Baltimore 2, Md — DATE SIGNED 10/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 11/54 — NAME OF CEMETERY OR CREMATORY Oak Lawn Cem — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 10-8-54 — REGISTRAR'S SIGNATURE A. W. Hahn — 24. FUNERAL DIRECTOR Philip Henry Sons — ADDRESS 2024 Orleans St

551

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

51

Item 18 Film G173 11-8-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH

09095 09082

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1404 W. Franklin Street 2:15 AM

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W. (Last) ANDERSON
4. DATE OF DEATH: (Month) October (Day) 5, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: April 24, 1920
9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter (Interior)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Liberty, Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Raymond Anderson
14. MOTHER'S MAIDEN NAME: Ada MN: Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-II
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hospital, Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

492 Immediate cause (a) AWAITING FURTHER INVESTIGATION

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Virus pneumonia (autopsy report)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chemical exam. of viscera - no poisons of any kind-negative

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: 10-5-54 4 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Philip Carmine (Degree or title) M.D ADDRESS: Deputy Medical Examiner Balto Co. Dundalk 22 Md. DATE SIGNED: 10-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF
NAME OF CEMETERY OR CREMATORY: New Liberty Cemetery
LOCATION (City, town, or county) (State): New Liberty, Kentucky

DATE REC'D BY LOCAL REG. 10-7-54
REGISTRAR'S SIGNATURE: A. W. Redford
24. FUNERAL DIRECTOR AND ADDRESS: Arlington S. Phillips Funeral Home 1808 N. Monroe St., Baltimore 17, Md.

SHIPPED TO: Redding Smithers Funeral Home Owenton, Kentucky

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09696 **CERTIFICATE OF DEATH** 09683

Reg. Dist. No. 35

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton (Rural) LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd (Hereford)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton (Rural)
STREET ADDRESS (If rural give location) York Rd (Hereford)

3. NAME OF DECEASED: (Type or Print) (First) BARRETT (Middle) Walter Leman (Last) Barrett

4. DATE OF DEATH: (Month) OCT. (Day) 9 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: July 7, 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Barrett

14. MOTHER'S MAIDEN NAME: Cecelia Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-16-6910

17. INFORMANT & ADDRESS: Mrs. Elsie Broom, Phoenix, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 332X (a) Cerebral Thrombosis — Interval Between Onset And Death 10 days

DUE TO

Antecedent causes (b) Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1954, to Oct. 9, 1954, that I last saw the deceased alive on Oct. 8, 1954, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. W. France M.D. Parkton, Md 10/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried DATE THEREOF 10-12-54 NAME OF CEMETERY OR CREMATORY Hessops Methodist LOCATION (City, town, or county) Sparks (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct. 12, 1954 REGISTRAR'S SIGNATURE Mrs Howard S Marpeine

24. FUNERAL DIRECTOR J. Scott Brooks ADDRESS Sparks, Md.

VS. A15

RECEIVED
OCT 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09084

09097 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15—10-53

1 PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural give location) 111 W. Mulberry St.

3 NAME OF DECEASED (Type or Print) First: CLARENCE Middle: (Last) BARTHELL

4 DATE OF DEATH (Month) Oct. (Day) 15, (Year) 19 54

5 SEX male | 6 COLOR OR RACE White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8 DATE OF BIRTH | 9 AGE last birthday about 82 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 Hrs. Hours Min.

10A USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Rtd
10B KIND OF BUSINESS OR INDUSTRY: Novelty Amusement
11 BIRTHPLACE (State or foreign country): Illinois
12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: Unknown
14 MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO.
17 INFORMANT & ADDRESS: Mr. Wm. E. Long - 22 S. Fulton Ave.

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Carcinoma of Prostate Gland — ?
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH — Senility

19A DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home farm, factory OF INJURY street, office bldg., etc.
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1954 to Oct. 15, 1954 that I last saw the deceased alive on Oct. 14, 1954, and that death occurred at 9.15 P M, from the causes and on the date stated above.
SIGNATURE E Clarence Langhlin M D ADDRESS 4508 Edmondson Village DATE SIGNED 10/16/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/18/54 | NAME OF CEMETERY OR CREMATORY St. Peters Cem. | LOCATION (City, town, or county) Balto., Md. (State)

DATE RECD BY LOCAL REGISTRAR OCT 16 1954 | REGISTRAR'S SIGNATURE [illegible] V. S. Harry | FUNERAL DIRECTOR Wm. J. Tichner & Sons | ADDRESS Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09085

09098 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
MARYLAND LENGTH OF STAY (in this place) 38 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 6
STREET ADDRESS (If rural give location) 716 Dale Avenue

3. NAME OF DECEASED (Type or Print): First: LEONARD Middle: F. Last: BAYER
4. DATE OF DEATH (Month) October (Day) 27 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 7, 1887
9. AGE (Last birthday): 67 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Bartender
10B. KIND OF BUSINESS OR INDUSTRY: Bar
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Conrad Bayer
14. MOTHER'S MAIDEN NAME: Mary Hopperlander
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 220-22-7132
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF PAROTID GLAND — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Sept.19, 1954 to Oct. 27, 1954 and that death occurred at 5:30A.M, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M.D. ADDRESS M D VAH, FORT HOWARD, MARYLAND DATE SIGNED 10-27-54

23. BURIAL CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/30/54 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) (State) 3310 Taylor Ave. Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 10-29-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Lassahn Funeral Home, 7401 Belair Road Baltimore, Maryland

VS A15—10-5

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09089 09086

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville
MARYLAND LENGTH OF STAY (In this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3332 Lyndale Ave.

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) BELL

4. DATE OF DEATH (Month) Oct. (Day) 8, (Year) 1954

5. SEX male

6. COLOR OR RACE white

7. SINGLE MARRIED WIDOWED DIVORCED (Specify) single

8. DATE OF BIRTH Oct. 26, 1878

9. AGE Last birthday 75 yrs. If under 1 year: Months Days; If under 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber

10B. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph T. Bell

14. MOTHER'S MAIDEN NAME Laura Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ! (If Yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Malignant Thymoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-, 19 5 to 1-2, 19 5 that I last saw the deceased alive on 10-8, 1954, and that death occurred at , M, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 10/9/54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR October 9 1954 — REGISTRAR'S SIGNATURE R.U.

24. FUNERAL DIRECTOR Wm. Cook Jr., ADDRESS 1217 St. Paul Street

MARYLAND 09085 09087

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
MARYLAND LENGTH OF STAY (in this place) 3-4ys
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5541 Willys Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 5541 Willys Ave

3. NAME OF DECEASED (Type or Print) (First) Vincent (Middle) B. (Last) Bender

4. DATE OF DEATH (Month) Oct (Day) 24 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov 17 1876

9. AGE last birthday 77 yrs. If under 1 year Months Days; If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser (ret)

10b. KIND OF BUSINESS OR INDUSTRY Tailor

11. BIRTHPLACE (State or foreign country) Lithuania

12. CITIZEN OF WHAT COUNTRY? Lithuania

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No

16. SOCIAL SECURITY No (If year, give war or dates of service) 217-01-8398A

17. INFORMANT AND ADDRESS Vincent P. Bender 5541 Willys Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of colon — Interval between onset and death: 6 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis Hypertension CVD

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Oct, 1954, that I last saw the deceased alive on Oct 22 1954 and that death occurred at 6 45 a. m., from the causes and on the date stated above.

SIGNATURE Herbert A. Lerches (Degree or title) M.D. ADDRESS 5305 East Drive DATE SIGNED 10/25/54

23. BURIAL, CREMATION (REMOVAL, Specify) Burial

DATE Oct 29 1954

NAME OF CEMETERY OR CREMATORY New Cathedral

LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG 10-26-54

REGISTRAR'S SIGNATURE A.W. Hedrick dmr.

24. FUNERAL DIRECTOR Pfft Co B.M. Walters ADDRESS Pratt & Fulton Sts. Balto Md

09100

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 19C68

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 44

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sparrows Point — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #1 Mould Just Beth Steel Co (Open Hearth)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk R R
STREET ADDRESS (If rural, give location) 3213 McShane Way

3. NAME OF DECEASED: (First) James (Middle) T. (Last) Bolon (Type or Print)
4. DATE OF DEATH (Month) Oct (Day) 21 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 19 1903
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Beth Steel
11. BIRTHPLACE (State or foreign country): W Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dont Know
14. MOTHER'S MAIDEN NAME: Dont Know
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: James T Bolon Jr 5572 Channing Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) DUE TO: Compound Fracture entire Skull with complete Excerebration,

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO: Crushed Wound Abdomen with Evisceration - Crushed amputation of Leg at Hip + upper ½ of R and

(c)

INTERVAL BETWEEN ONSET AND DEATH: ..

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) Sparrows Pt (County) Balto. (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct 21 1954 12 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Shifting engine. Run over by Narrow Gauge

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J Mearmore M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct 25/54
NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem
LOCATION (City, town, or county) (State): Balto

DATE RECD BY LOCAL REGR.: Oct. 25 '54
REGISTRAR'S SIGNATURE: Dawson L. Harper
24. FUNERAL DIRECTOR: Ulbist Funeral Home
ADDRESS: 2117 Dundalk Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

09101 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

69089

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully (especially important). Physicians: please write the causes of death clearly and legibly. The correct

VS. A15A

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BLENHEIM
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: DONCAMUL Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BLENHEIM
STREET ADDRESS (If rural, give location): PHOENIX

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Milton (Last) (BONN) Bahn

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: DEC. 16 1896

9. AGE last birthday: 57 yrs — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINISTER

10b. KIND OF BUSINESS OR INDUSTRY: 24th Circ. ST. JOHNS

11. BIRTHPLACE (State or foreign country): OHIO. Ma

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN Bohn BONN

14. MOTHER'S MAIDEN NAME: IDA WELLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Wife [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, coronary occlusion — Interval between onset and death: Sudden

Antecedent causes
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: Rollin C. Hudson — (Degree or title) M.D. D.M.E. — ADDRESS: Towson Md. — DATE SIGNED: 10/4/54

23. BURIAL, CREMATION OR REMOVAL: Burial — DATE THEREOF: Oct 7.54 — NAME OF CEMETERY OR CREMATORY: Emanuel Comm — LOCATION (City, town, or county) (State): Bullis rd

DATE REC'D BY LOCAL REG.: 10-5-54 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Fred Kiemann — ADDRESS: 6067 Harford Rd

JST

09102 09090

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (In this place) 18yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6400 Gilmor ave

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 6400 Gilmor ave

3. NAME OF DECEASED - (Type or Print) (First) Joseph (Middle) Leo (Last) Bonsall
4. DATE OF DEATH (Month) Oct (Day) 3 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: May 31 1910
9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat cutter
10b. KIND OF BUSINESS OR INDUSTRY. Super Mkt
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME. Jos F Bonsall
14. MOTHER'S MAIDEN NAME. Mary Kruger

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or Unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215 10 0181
17. INFORMANT & ADDRESS: Helen M Bonsall 6400 Gilmor St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Cardiovascular disease (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH
21b. PLACE OF INJURY Home, farm, factory, street, office bldg., etc.
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo M. Kieffer 1010 Leeds ave
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM ☑
M. D.
DATE SIGNED Oct 3 54

23. BURIAL, CREMATION, REMOVAL. (Specify): Burial
DATE THEREOF 10/5/54
NAME OF CEMETERY OR CREMATORY Lorraine Park Cem
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10-4-54
REGISTRAR'S SIGNATURE Mrs. Leo Bonsall
FUNERAL DIRECTOR Chas P. Lowell
ADDRESS 6411 Windsor Mill Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09091

09103 CERTIFICATE OF DEATH Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Balto. Co. | MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville | LENGTH OF STAY (in this place) 35 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 N. Beechwood Ave

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 201 N. Beechwood Ave.

3. NAME OF DECEASED: (Type or Print) First: Oscar (Middle) D. (Last) Bower Sr.
4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 54
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 29 1873
9. AGE last birthday. Years: 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Liquor Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel Simon Bower
14. MOTHER'S MAIDEN NAME: Susan Francis Taylor
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-07-1193
17. INFORMANT & ADDRESS: Oscar D. Bower Jr.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetes - Mellitus -
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General arteria Sclerosis - Mutral regurgitation
DUE TO
(c) Edema - pulmonary Congestion

Interval Between Onset And Death: 7 yrs / 2 months

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to Oct 3- 1954, that I last saw the deceased alive on Oct 3, 1954, and that death occurred at 4:10 A, from the causes and on the date stated above.
SIGNATURE (Degree or title) Frederic U. Rottler ADDRESS 1014 Frances Ave - Balto 27 MD DATE SIGNED 10-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 10/6/54
NAME OF CEMETERY OR CREMATORY Meadow Ridge
LOCATION (City, town, or county; state) Howard Co. Md.
DATE REC'D BY LOCAL REGISTRAR 10/6/54
REGISTRAR'S SIGNATURE C E Harry
24. FUNERAL DIRECTOR ADDRESS MacNabb & Son

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09104 CERTIFICATE OF DEATH

09092

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1 PLACE OF DEATH.
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1630 NATURA ROAD

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) 1630 NATURA ROAD

3 NAME OF DECEASED: (Type or Print) First CHARLES (Middle) E. (Last) BOWERS

4 DATE OF DEATH: (Month) OCT. (Day) 24, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH. NOV. 12, 1916

9. AGE last birthday 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Asst. SERV. MGR.

10b. KIND OF BUSINESS OR INDUSTRY: BENDIX RADIO CORP.

11. BIRTHPLACE (State or foreign country) W. VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROY A. BOWERS

14. MOTHER'S MAIDEN NAME. MARY E. CASHMANN

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. HELEN BOWERS 1630 NATURA RD. TOWSON 4, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21 ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21, 19, to Oct 24, 1954, that I last saw the deceased alive on Oct 24, 1954, and that death occurred at 0240 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23 BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF Oct. 27, 1954

NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL PARK

LOCATION (City, town, or county) (State) PARKVILLE, MD.

DATE REC'D BY LOCAL REGISTRAR Oct. 27, 1954

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR JOHN BURNS' SONS

ADDRESS TOWSON, MD.

09105 Item ', Film 171 10-18-54 et

1:9193

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 111 -Sparks, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Sparks
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIE (Middle) (Last) BRAZEN

4. DATE OF DEATH (Month) October (Day) 1 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored		Sept. 30, 1921	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer		Danville, Va	U.S.A.

13. FATHER'S NAME: Berkley Brazen
14. MOTHER'S MAIDEN NAME: Mary Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS Berkley Brazen Danville, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Multiple fractures of skull
~~DUE TO~~

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Crushed chest DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Road	21c. (City or town) Sparks	(County) Baltimore	(State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 1, 1954 A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Struck by two automobiles

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul Spurrier M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Oct. 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 5, 1954	Family Lot	Danville,	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 2 19	R.W.	Spurrier	1431 Laurel Drive

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69094

CERTIFICATE OF DEATH

09676

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH.
COUNTY BALTO — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 27 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6811 Dunhill Rd.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY BALT
CITY (If outside corporate Limits write RURAL and give nearest town) OR TOWN DUNDALK 22, Md.
STREET ADDRESS (If rural give location) 6811 Dunhill Rd.

3. NAME OF DECEASED (Type or Print): First CHARLES (Middle) DOER (Last) BRIDGEMAN

4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG. 28, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): STEAM FITTER

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.

11. BIRTHPLACE State or foreign country: OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. BRIDGEMAN

14. MOTHER'S MAIDEN NAME: CAROLINE MILLER

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-10-4025

17. INFORMANT & ADDRESS: AUGUSTA Z. BRIDGEMAN — SAME

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause	(a) DUE TO	Myocarditis, acute	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Arteriosclerosis,	5 years
	(c)	Cerebral hemorrhage	4 hrs

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm factory street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to Oct 29, 1954, that I last saw the deceased alive on Oct 25, 1954, and that death occurred at 11:40 AM, from the causes and on the date stated above

SIGNATURE Degree or title: Edward A Andrews M.D. — ADDRESS: 33 Dundalk Ave — DATE SIGNED: Oct 27, 1954

23 BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 10-30-54 — NAME OF CEMETERY OR CREMATORY: MORELAND MEM. — LOCATION (City, town, or county) (State): BALTO. Md.

DATE REC'D BY LOCAL REGISTRAR: Oct 27-1954 — REGISTRAR'S SIGNATURE: M. Kelly

24. FUNERAL DIRECTOR: Walter Lemon Bradley — ADDRESS: Dundalk, Md.

VS. A15

09077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09095

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7041 Sollers Point Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7041 Sollers Point Road

3. NAME OF DECEASED (Type or Print): (First) ADAM (Middle) (Last) BRODOWSKI, SR.

4. DATE OF DEATH (Month) October (Day) 5, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower

8. DATE OF BIRTH: April 21, 1859

9. AGE last birthday: 95 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Brodowski

14. MOTHER'S MAIDEN NAME: Mary Cerecznecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Emma Raschka 7041 Sollers Point Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 6 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis heart disease — 30 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT, SUICIDE, HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2 1954, to ..... , 19 ...., that I last saw the deceased alive on Oct 4, 1954 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jacob L. Fellman, M.D. ADDRESS: 2 Kenilworth Rd Balt 22 DATE SIGNED: 10-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Oct. 8, 1954
NAME OF CEMETERY OR CREMATORY: Christ Lutheran Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10-7-54
REGISTRAR'S SIGNATURE: A. W. Schmidt
24. FUNERAL DIRECTOR: H. Sander & Sons, Inc. Baltimore, Maryland
ADDRESS: H. Sander

551

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 09097

1 PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Fort Howard
MARYLAND LENGTH OF STAY in this place 495 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
C.TY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 17 Clay Street

3 NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) (Last) BROOKS, JR.

4 DATE OF DEATH Month October Day 5, Year 1954

5 SEX Male | 6 COLOR OR RACE Colored | 7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Married | 8 DATE OF BIRTH June 10 1895 | 9 AGE last birthday 59 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Civil Service | 10B KIND OF BUSINESS OR INDUSTRY U.S. Naval Academy | 11 BIRTHPLACE (State or foreign country) Annapolis, Maryland | 12 CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Robert Brooks

14 MOTHER'S MAIDEN NAME Ruth MN: Bronford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) WW-I

16 SOCIAL SECURITY NO Unknown

17 INFORMANT & ADDRESS Clin.Rec.Vet.Adm.Hospital, Fort Howard, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CACHEXIA — INTERVAL BETWEEN ONSET AND DEATH: 12 MONTHS

ANTECEDENT CAUSE (B) DUE TO LICHENIFIED DERMATITIS — 17 MONTHS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: DECUBITUS ULCERS — 6 MONTHS

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22 I hereby certify that I VA attended the deceased from May 28, 1953, to Oct. 5, 1954 and that death occurred at 5:15 A M, from the causes and on the date stated above

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 10-5-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-9-54 | NAME OF CEMETERY OR CREMATORY Annapolis National | LOCATION City (town or county) Annapolis, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 10-6 54 | REGISTRAR'S SIGNATURE [illegible] | 24 FUNERAL DIRECTOR William Reese Funeral Home | ADDRESS 108 W. Washington Street, Annapolis, Md.

VS. A15—10-54

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09107 **MARYLAND STATE DEPARTMENT OF HEALTH** 09107

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31 Q

Item 9, Ed. 7/78 10-26-54 et

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 2 years — HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland — COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Brook — STREET ADDRESS (If rural, give location) Liberty Road

3. NAME OF DECEASED (Type or Print) (First) George (Middle) H. (Last) Crowley

4. DATE OF DEATH (Month) Oct (Day) 15 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Nov 15 1869

9. AGE Last Birthday 84 yrs — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician

10b. KIND OF BUSINESS OR INDUSTRY Employer

11. BIRTHPLACE State or foreign country Baltimore

12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Crowley

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk

16. SOCIAL SECURITY No. 080-16-7809

17. INFORMANT AND ADDRESS Mrs. Rose Crowley Forest Brook Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Pneumonia Terminal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hodgkins Disease (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to 10/15, 1954, that I last saw the deceased alive on 10/11, 1954, and that death occurred at 7:15 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. F. A. Martin M.D. — ADDRESS Randallstown Md — DATE SIGNED 10/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 10/19/54 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Baltimore — (State) Md

DATE REC'D BY LOCAL REG. 10-25-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Miles A. Murray — ADDRESS 4510 N. Liberty Heights Ave

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09098

09168 CERTIFICATE OF DEATH Reg. Dist No. 44

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 18
STREET ADDRESS (If rural give location) 2323 Maryland Avenue

3 NAME OF DECEASED (Type or Print) (First) LEWIS (Middle) (Also Louis) A. (Last) BURKHARDT
4 DATE OF DEATH (Month) October (Day) 29 (Year) 1954

5 SEX Male | 6 COLOR OR RACE White | 7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Married | 8 DATE OF BIRTH March 15, 1883 | 9 AGE last birthday 71 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Carpenter | 10B KIND OF BUSINESS OR INDUSTRY Sign Maker | 11 BIRTHPLACE (State or foreign country) Baltimore, Maryland | 12 CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME Lou Burkhardt
14 MOTHER'S MAIDEN NAME Josephine MN: Cohn

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unk.) Yes If Yes, give war or dates of service) WW-I | 16 SOCIAL SECURITY NO 213-14-0172 | 17 INFORMANT & ADDRESS Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) RIGHT CORONARY THROMBOSIS — 20 MIN.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm factory OF INJURY street, office bldg., etc | 21C WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from Oct. 28, 1954 to Oct. 29, 1954 and that death occurred at 11:20 PM, from the causes and on the date stated above.

SIGNATURE William S. VANDEGRIFT, M.D. ADDRESS M D VAH, FORT HOWARD, MARYLAND DATE SIGNED 10/30/54

23 BURIAL CREMATION REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 2, 1954 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) (State) 5501 Frederick Road,Balto.Md.

DATE REC'D BY LOCAL REGISTRAR 11 5 54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS William Cook-Blight Inc. 6009 Harford Road, Baltimore 14, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 #9099

09109 CERTIFICATE OF DEATH Reg. Dist. No.

1 PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6823 Dogwood Rd.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Fla. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Lauderdale
STREET ADDRESS (If rural, give location) 520 N. East 5th Street

3 NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) P. (Last) BURNS
4 DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 19 54

5 SEX male | 6 COLOR OR RACE white | 7 SINGLE MARRIED WIDOWED, DIVORCED (Specify) married | 8 DATE OF BIRTH April 24, 1887 | 9 AGE last birthday 67 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boat Finisher
10B KIND OF BUSINESS OR INDUSTRY Boat Co.
11 BIRTHPLACE (State or foreign country) Connecticut
12. CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: John N. Burns
14. MOTHER'S MAIDEN NAME Jane

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO
17. INFORMANT & ADDRESS Mrs. Elsie M. Burns-6823 Dogwood Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO Carcinoma of the Stomach c 5 months
ANTECEDENT CAUSE (B) DUE TO peritoneal metastases.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION Aug. 18, 195 v
19B MAJOR FINDINGS OF OPERATION Ca of stomach and widespread abdominal Ca.
20 AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING ☐ (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from 8/30, 1954, to 10/8, 1954, that I last saw the deceased alive on 10/8, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE Sheldon C. Kravitz, M D
ADDRESS 1801 Eutaw Pl.
DATE SIGNED 10/9/54

23 BURIAL CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/12/54
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 10-11-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR J. M. J. Vickers & Sons
ADDRESS Salisbury, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09109

09110 CERTIFICATE OF DEATH

Reg. Dist. No. 47

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH

COUNTY Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Fort Howard, — LENGTH OF STAY (In this place) 10 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural give location) 1003 Gimbal Court 25

3. NAME OF DECEASED (Type or Print) (First) HERMAN (Middle) [redacted] (Last) BUSCH

4. DATE OF DEATH Month October Day Thursday Year 1954

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married — 8. DATE OF BIRTH 12/29/16 (Dec 29, 1916) — 9. AGE Last birthday 37 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min

10A. USUAL OCCUPATION Give kind of work done during most of working life even if retired) Press Operator — 10B. KIND OF BUSINESS OR INDUSTRY Dupont Corp. — 11. BIRTHPLACE (State or foreign country) Baltimore, Maryland — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Emil Busch

14. MOTHER'S MAIDEN NAME Louise Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOC. SEC. SECURITY NO. 144-22-8844

17. INFORMANT & ADDRESS Mrs Martha E. Busch (wife) (Same address also) Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) POST-OPERATIVE EDEMA OF BRAIN — INTERVAL BETWEEN ONSET AND DEATH 12 HOURS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ANEURYSM OF ANTERIOR CEREBRAL ARTERY, RIGHT — UNKNOWN

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION 10/20/54 10/21/54 — 19B. MAJOR FINDINGS OF OPERATION Craniotomy (Clipping of Ant. Cerebral Artery) Evacuation of Hematoma-exploration of Operative Site. — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY occur?

VA

22. I hereby certify that I attended the deceased from Oct. 11, 1954 to Oct. 21, 1954 that I last saw the deceased alive on Oct. 21, 1954 and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN JAMES J. NOLAN, M. D. — ADDRESS M D VAH, FORT HOWARD, MARYLAND — DATE SIGNED 10/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 10, 1954 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/22/54 — REGISTRAR'S SIGNATURE A. M. Hedrick D.K. — 24. FUNERAL DIRECTOR AND ADDRESS A. Howard Evans Funeral Home 100 S. Charles St., Balto., Md. (30)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09101

09078 CERTIFICATE OF DEATH Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1 PLACE OF DEATH.
COUNTY BALTO
CITY (If outside corporate limits, write RURAL) OR TOWN DUNDALK (22)
MARYLAND LENGTH OF STAY (in this place) 18 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3028 DUNLEER Rd.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) SPARROWS POINT (19)
STREET ADDRESS (If rural give location) 705 E STREET.

3 NAME OF DECEASED: (Type or Print) First CORA (Middle) BALDWIN (Last) BUSH

4 DATE OF DEATH: (Month) (Day) (Year) 10-22-54

5. SEX F.
6 COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8 DATE OF BIRTH. 24 JUNE 1878
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min

10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11 BIRTHPLACE (State or foreign country). PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOSEPH BALDWIN
14. MOTHER'S MAIDEN NAME: SOPHIA STAUFFER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes give war or dates of service)
16. SOCIAL SECURITY NO.: NOT EMPLOYED
17 INFORMANT & ADDRESS: CLAYTON E. BUSH (2 ABOVE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Arteriosclerotic Heart Disease — Interval Between Onset And Death 15 years

Antecedent causes (a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis - Generalized

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 54, to Oct. 22, 19 54, that I last saw the deceased alive on 21 Oct., 1954, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 520 Dundalk Ave DATE SIGNED 10-22-54

23 BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 10-24-54 NAME OF CEMETERY OR CREMATORY WENKSVILLE LOCATION (City, town or county) WENKSVILLE, PENNA. State

DATE REC'D BY LOCAL REGISTRAR Oct 24-1954 REGISTRAR'S SIGNATURE William M. Kelly

24 FUNERAL DIRECTOR Walter Burke Bradley ADDRESS Dundalk, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69102

09111 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Md.
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore #30
STREET ADDRESS (If rural give location) 210 E. Randall Street

3 NAME OF DECEASED (Type or Print) (First) JOHN (Middle) M. (Last) CAGE

4 DATE OF DEATH (Month) (Day) (Year) October 17 1954

5 SEX Male

6 COLOR OR RACE White

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8 DATE OF BIRTH February 8, 1891

9 AGE Last birthday 63 yrs (If under 1 year: Months, Days; If under 24 hrs: Hours, Min)

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor

10B KIND OF BUSINESS OR INDUSTRY Railroad

11 BIRTHPLACE (State or foreign country) Belcamp, Maryland

12 CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME Henry Cage

14. MOTHER'S MAIDEN NAME Ada MN: Wilson

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk) Yes

If Yes, give war or dates of service WW-I

16 SOCIAL SECURITY NO 705-07-7829

17 INFORMANT & ADDRESS Clin.Rec.Vet.Adm.Hospital, Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) GENERALIZED SARCOMA OF LYMPH NODES

ANTECEDENT CAUSE (B) (PRIMARY SITE UNDETERMINED)

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 3½ MONTHS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg, etc

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1954, to Oct. 17, 1954, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 5:30PM, from the causes and on the date stated above.

SIGNATURE William F. Vandegrift ADDRESS M D VAH, FORT HOWARD, MARYLAND DATE SIGNED 10-18-54

WILLIAM F. VANDEGRIFT, M.D.

23 BURIAL CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-21-54

NAME OF CEMETERY OR CREMATORY Abington Cemetery

LOCATION (City, town, or county) (State) Harford County, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/19/54

REGISTRAR'S SIGNATURE A. H. Hedrick

24. FUNERAL DIRECTOR AND ADDRESS James L. McCully Funeral Home 128 E. Fort Avenue, Baltimore, Md.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09103

09112 CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 - 10-5

1 PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 12 Days 16
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE HOSP.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 212 Colgate Av.

3 NAME OF DECEASED (Type or Print) First (Middle) DAVID (Last) CARSON

4 DATE OF DEATH (Month) 10 (Day) 23 (Year) 1954

5 SEX M | 6 COLOR OR RACE W | 7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Widowed | 8 DATE OF BIRTH 3/4/1873 | 9 AGE last birthday 81 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min

10A USUAL OCCUPATION Give kind of work done during most of working life even if retired) ? | 10B KIND OF BUSINESS OR INDUSTRY ? | 11 BIRTHPLACE (State or foreign country) ? | 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME William T Carson

14 MOTHER'S MAIDEN NAME Emma C. Carson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) | (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO

17 INFORMANT & ADDRESS 3414 Parkland Av. Cora Gladstone - daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia

DUE TO Bilateral hemorrhagic hydronephrosis

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Chronic cystitis

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION Before Admission Rec | 19B. MAJOR FINDINGS OF OPERATION Suprapubic cystectomy | 20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc | 21C WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1954, to Oct 23, 1954, that I last saw the deceased alive on Oct 25, 1954, and that death occurred at 3 0 p M, from the causes and on the date stated above.

SIGNATURE, (Type Name) M D. ADDRESS Spring Grove Hosp Balto 28 DATE SIGNED Oct 25 54

23 BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 26/54 | NAME OF CEMETERY OR CREMATORY Mordowridge Cem | LOCATION (City, town or county) Balto. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-25-54 | REGISTRAR'S SIGNATURE A.W. Hedrich dmr | 24 FUNERAL DIRECTOR Welsch Funeral Home | ADDRESS 2102 Lundale Rd

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09104

09113 **CERTIFICATE OF DEATH**

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Brooklandville

LENGTH OF STAY (In this place): 15 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Padonia Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklandville

STREET ADDRESS (If rural, give location): Padonia Rd

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) Year	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
Elmer Christian Clusman	October 12 1954	Male	White	Married	23 February 1906	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Grain Merchant	Feed	Baltimore City, Md	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Christian Clusman	Amelia Ripken

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes 1940-1946	216-03-8334	Wife - Grace Clusman - Same Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
561.0 Immediate cause	(a) Cirrhosis of liver	14 months.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1954, to Oct., 1954, that I last saw the deceased alive on 12 Oct., 1954, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE Walter H Geo (DEGREE OR TITLE) MD ADDRESS Pikesville Md DATE SIGNED 17 Oct. 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/15/54	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG. 10-13-54 REGISTRAR'S SIGNATURE Ethel Hedrick Deputy

24. FUNERAL DIRECTOR Wm. J. Tickner Sons-Baltimore Md. A. LIBS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09195

09114 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1 PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
MARYLAND LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE (D. C.) Md. COUNTY Pr. Geo's
CITY If outside corporate limits, write RURAL, and give nearest town) OR TOWN Washington D. C - 16 X 2
STREET ADDRESS (If rural, give location) 420 Allen Rd. S.E.

3 NAME OF DECEASED (Type or Print) (First) LAWRENCE (Middle) D. (Last) CRANDALL

4 DATE OF DEATH (Month) 10 (Day) 10 (Year) 1954

5 SEX M | 6 COLOR OR RACE W | 7 SINGLE, MARRIED WIDOWED, DIVORCED, (Specify) M | 8 DATE OF BIRTH 4/5/99 | 9 AGE Last birthday 55 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman | 10B KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) Wisconsin | 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME Ross Crandall | 14 MOTHER'S MAIDEN NAME Katherine Hawes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO ? | 17 INFORMANT & ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis

ANTECEDENT CAUSE (B) DUE TO Arterio - sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

INTERVAL BETWEEN ONSET AND DEATH 1 week ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH History of Cerebral Thrombosis 4 Years

19A DATE OF OPERATION — | 19B MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office, bldg., etc) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5/54 19 . to 10/10/54 19 , that I last saw the deceased alive on 10/10/54 19 , and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE Carlton Crandall M D ADDRESS Spring Grove Hosp. DATE SIGNED 10/10/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 13, 1954 | NAME OF CEMETERY OR CREMATORY Western National | LOCATION (City, town, or county) Suitland, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 10/10/54 | REGISTRAR'S SIGNATURE V.E. Harry

24 FUNERAL DIRECTOR W. W. Chambers Wash D.C. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09106

09115 CERTIFICATE OF DEATH Reg. Dist. No. 30

1 PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 35 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 Ingleside Ave.

2 USUAL RESIDENCE (HOME OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 211 Ingleside Ave

3 NAME OF DECEASED (Type or Print): First ANNE (Middle) M. (Last) CUSACK

4. DATE OF DEATH: (Month) (Day) (Year) 10/24/54 19

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 5/7/1872 | 9. AGE Last birthday: 82 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: at home | 11 BIRTHPLACE (State or foreign country): IRELAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES O'NEILL | 14. MOTHER'S MAIDEN NAME: ELLEN RILEY

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT & ADDRESS: MRS. ANNE GIBSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Cerebral embolism

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arterio sclerosis

(c) Arteriosclerosis

Interval Between Onset And Death: 12 hrs. Yesterday

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Contributory - Pernicious anemia of years

19a. DATE OF OPERATION: ? | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ Yes

21 ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19 53, to Oct 24 19 54, that I last saw the deceased alive on Oct 24, 19 54, and that death occurred at 10.15 PM, from the causes and on the date stated above

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. J. Mew C.M.C. C.M.D. 6314 Sulgrave Rd Oct 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 10/27/54 | NAME OF CEMETERY OR CREMATORY CATHEDRAL | LOCATION (City, town or county) BALTO., Md. | (State)

DATE REC'D BY LOCAL REGISTRAR 10/26/54 | REGISTRAR'S SIGNATURE V.E. Harry | 24 FUNERAL DIRECTOR MACNABB + SON | ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Nov 24 1954 - Dec 3 1954 - 09106

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09107

09116

CERTIFICATE OF DEATH

Reg. Dist. No. . .

MARGIN RESERVED FOR BINDING — Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK

VS A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 DELREY AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 12 DELREY AVE.

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) EVELYN (Last) CYFORD

4. DATE OF DEATH: (Month) October (Day) 17 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 30, 1913

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CASHIER

10b. KIND OF BUSINESS OR INDUSTRY: Food Market

11. BIRTHPLACE (State or foreign country): Balto. Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: EMORY WYANT

14. MOTHER'S MAIDEN NAME: MARY EMRICH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Howard Cyford 12 DELREY AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	1 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	18 mos.
	(c) Chronic Glomerular Nephritis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17-, 1951, to 10-14, 1954, that I last saw the deceased alive on 10-12-, 1954, and that death occurred at 4 45 P.m., from the causes and on the date stated above.

SIGNATURE: Wilmer K. Gallagher (Degree or title) M.D. ADDRESS: Catonsville-28, Md. DATE SIGNED: 10-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 10/18/54 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REG.: 10/18/54 | REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR: George L. Schwab ADDRESS: 2101 Frederick ave.

GE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09117

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1:9108

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8050 Thomas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural, give location) 8050 Thomas Ave.

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) VALENTINE (Last) DAIKER
4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 16, 1895
9. AGE last birthday: 59 yrs. — If under 1 year: Months. — If under 21 hrs: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab driver
10b. KIND OF BUSINESS OR INDUSTRY: Taxicab
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Daiker
14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-05-8469
17. INFORMANT: Mrs. Josephine Daiker 8050 Thomas Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of stomach — INTERVAL BETWEEN ONSET AND DEATH: 9 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1954
19b. MAJOR FINDINGS OF OPERATION: Cancer of stomach with metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1954, to Oct. 22, 1954, that I last saw the deceased alive on Oct. 22, 1954, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dwight Mum MD — Eng P Hedrich Md — 10-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Oct. 26, 1954
NAME OF CEMETERY OR CREMATORY: Baltimore
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10-25-54
REGISTRAR'S SIGNATURE: A.W. Hedrich
24. FUNERAL DIRECTOR: Ullrich Funeral Home
ADDRESS: 4210 Belair Road.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09109

09118

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 710 Stoneleigh Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore,

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh

STREET ADDRESS (If rural, give location) 710 Stoneleigh Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Victor	de	Murguiondo	Oct. 22, 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday. IF UNDER 1 YEAR Months / Days	IF UNDER 1 DAY Hours / Min.
male	white	widowed	May 24, 1862	92 yrs	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	Christian Sciende Practioneer	Baltimore-Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Prudencio de Murguiondo	Julia Moale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Delores Cromwell 710 Stoneleigh Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 2 Hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arterio-sclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 19[illegible], to 17 Oct., 1954, that I last saw the deceased alive on 22 Oct, 19 54, and that death occurred at 1 P.M. 4 m., from the causes and on the date stated above

SIGNATURE Le Charles H Tees (DEGREE OR TITLE) MD ADDRESS 6701 York Rd Balto 12 Md DATE SIGNED 22 Oct 54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
cremation	Oct. 22, 1954	Greenmount	Baltimore. Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24) FUNERAL DIRECTOR ADDRESS John C. Mitchell Funeral 1900 Eutaw Place

Reg. 1 to 21 Film G174 09119

09119

09110

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Xxxxx
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Norfolk
STREET ADDRESS (If rural, give location) 608 Colonial Ave.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Elaine (Last) Devell

4. DATE OF DEATH (Month) Oct (Day) 11 (Year) 10 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 6, 1910

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? - Sprague

14. MOTHER'S MAIDEN NAME: Mae -- ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service,) no

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS: Mr. John A. Devell - 608 Colonial Ave. Norfolk, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Presumably drowned

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY (a) Chesapeake Bay

21c. (City or town) (County) (State) 10/11/54

21d. TIME OF INJURY (Month) Oct. (Day) 8, (Year) 1954 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Lost overboard from boat

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE William V. Gorski M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM ☒

DATE SIGNED 10-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 10/12/54

NAME OF CEMETERY OR CREMATORY Forest Lawn Cem.

LOCATION (City, town, or county) (State) Norfolk, Va.

DATE REC'D BY LOCAL REG. OCT 13 1954

REGISTRAR'S SIGNATURE Dawson L. Carter M.D.

24. FUNERAL DIRECTOR Adams & Sons

ADDRESS Bastonia, Md.

VS. A15A - 5 - 53

OCT 15
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09120 09111

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Bottom Rd. Hyde P.O. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bottom Rd Hyde PO

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Bottom Rd COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bottom Rd Balto Co Md
STREET ADDRESS (If rural, give location) Bottom Rd. Hyde P.O.

3. NAME OF DECEASED (Type or Print): (First) J (Middle) Henry (Last) Dohler

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 10, 1872

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Own Farm

10b. KIND OF BUSINESS OR INDUSTRY: Truck Farmer

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? Md.

13. FATHER'S NAME: Andrew Dohler

14. MOTHER'S MAIDEN NAME: Margaret Genge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs J. Henry Dohler Bottom Rd. Hyde Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Bladder with wide spread metastasis — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: General Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10 , 1945 to 10/25 , 1954, that I last saw the deceased alive on 10/24 , 1954, and that death occurred at 4:35 P -m., from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson (Degree or title) ADDRESS M.D. Fork, Md. DATE SIGNED 10/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/28/54 — NAME OF CEMETERY OR CREMATORY: Fork Methodist Cem — LOCATION (City, town, or county) (State): Fork Balto Co Md.

DATE REC'D BY LOCAL REG. 10-27-54 — REGISTRAR'S SIGNATURE W W Hammett

24. FUNERAL DIRECTOR: Jenkins Funeral Home — ADDRESS: 7401 Belair Rd.

69112

MARYLAND STATE DEPARTMENT OF HEALTH

09121

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. . . . .

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly is especially important. Physicians: please write the causes of death clear y and legibly

MARGIN RESERVED FOR BINDING

The correct age

1 PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown
LENGTH OF STAY (in this place) 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS WINANS Rd

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY Bal. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - RANDALLSTOWN
STREET ADDRESS (If rural, give location) WINANS Road

3. NAME OF DECEASED (Type or Print) First: GEORGE Middle: WALTER Last: DORSEY

4 DATE OF DEATH (Month) OCT. (Day) 19 (Year) 1954

5. SEX M

6. COLOR OR RACE COLOR D

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH Feb 22 1880

9. AGE last birthday 74 yrs. If under 1 year Months If under 1 day Hours If under 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CA. DINER

10b. KIND OF BUSINESS OR INDUSTRY GARDINER

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME JOHN DORSEY

14. MOTHER'S MAIDEN NAME MARY FOY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY No. 213-22-0733

17. INFORMANT AND ADDRESS HELEN PHILLIPS - WINANS Rd. RANDALLSTOWN

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval Between Onset and Death: ONE WEEK

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 10, 1951, to OCT. 20, 1954, that I last saw the deceased alive on OCT. 16, 1954, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas J. Pierpont M.D. 2104 Gwynn Oak Ave Md.

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial

DATE THEREOF Oct. 20, 1954

NAME OF CEMETERY OR CREMATORY St. Thomas

LOCATION (City, town, or county) Randallstown (State) Md.

DATE REC'D BY LOCAL REG. 10/21/54

REGISTRAR'S SIGNATURE U. H. Hedrick

24. FUNERAL DIRECTOR Funeral Co. ADDRESS 1631 Druid Hill Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09113

09122 CERTIFICATE OF DEATH Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville

LENGTH OF STAY (in this place) 20 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7919 Westmoreland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimor

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville Baltimore Md.

STREET ADDRESS (If rural, give location) 7919 Westmoreland Ave

3. NAME OF DECEASED. (Type or Print) (First) Louis (Middle) Edwards (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 2nd (Year) 1954

5. SEX Male

6. COLOR OR RACE. White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH. June 5th 1879

9. AGE last birthday (IF UNDER 1 YEAR OR UNDER 24 HRS.) 75 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME Domenicantonio Di Eduardo

14. MOTHER'S MAIDEN NAME: Concetta Di Sabatino

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro vascular accident

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death: 2+ yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY Home, farm, factory, street, office bldg., etc.

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1952 to Oct. 1954, that I last saw the deceased alive on 29 Sept. 1954, and that death occurred at 9:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M D 8103 Harford Rd. Baltimore Md. 4 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 5th/54

NAME OF CEMETERY OR CREMATORY Lorraine Park Mausoleum

LOCATION (City, town, or county, State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Frank Della Rocca

ADDRESS 322 S. High St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09123 **CERTIFICATE OF DEATH**

Reg. Dist. No. 09114 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Pikesville — LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Reisterstown
STREET ADDRESS (If rural, give location) 6 Dover Road

3. NAME OF DECEASED: (First) Nelson (Middle) E. (Last) Edwards
(Type or Print)

4. DATE OF DEATH: (Month) Oct 17 (Day) (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Oct 22 1887
9. AGE last birthday: 66 yrs
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photographer - Photo
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Point Pleasant W. Va.
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Jacob Edwards
14. MOTHER'S MAIDEN NAME: Margaret Biller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 124-09-3851
17. INFORMANT'S ADDRESS: David Wiseman - 6 Dover Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic C.V. Disease	2-3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-54, 19..., to 10/17, 19..., that I last saw the deceased alive on 10/1, 19..., and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (DEGREE OR TITLE) M.D. ADDRESS Reisterstown, Md. DATE SIGNED 10/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Oct-21-1954 — NAME OF CEMETERY OR CREMATORY Arlington National Cem. — LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG 10-19-54 — REGISTRAR'S SIGNATURE A W Lemmon

24. FUNERAL DIRECTOR: Stewart & Mowen Co. — ADDRESS 108 W North Ave Balto. #1.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09124 CERTIFICATE OF DEATH

09115

Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH

COUNTY Balto. Co MARYLAND

CITY If outside corporate limits write RURAL LENGTH OF STAY OR and give nearest town) in this place

TOWN Catonsville 14 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 6618 Kilmarnoch Dr.

2 USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY Balto.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Catonsville

STREET ADDRESS (If rural give location) 6618 Kilmarnoch Dr.

3 NAME OF DECEASED (Type or Print) First (Jennie) (Middle) N (Last) Elbert

4. DATE OF DEATH: (Month) Oct (Day) 9 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 9, 1864

9. AGE last birthday 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11 BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: S. Alexander

14. MOTHER'S MAIDEN NAME: Jane Haughawout

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Harry S. Bernheisel (same)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

DUE TO

(c)

Interval Between Onset And Death: unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home farm factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20, 1954, to Oct 9, 1954, that I last saw the deceased alive on Oct. 9, 1954, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Mallow-Wilson Baltimore Md 10/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Buried Oct. 13, 1954 Middletown Cemetery Middletown Pa.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

10/9/54 V.E. Harry

24. FUNERAL DIRECTOR ADDRESS

Rebert Funeral Home - Middletown, Pa.

VS. A15

RECEIVED
OCT 11 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09116

09125

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 52

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville 28 LENGTH OF STAY (In this place) Sept 29, 1954
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broomes Island, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margie (Middle) E. (Last) Elliott

4. DATE OF DEATH (Month) 10 (Day) 14 (Year) 1954

5 SEX female

6 COLOR OR RACE white

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8 DATE OF BIRTH 9/5/1907

9 AGE last birthday 47 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10B KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: David T. Elliott

14 MOTHER'S MAIDEN NAME: Emma B. Exton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS Hospital Records

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (B) DUE TO Uremia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Cancer of the breast

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Schizophrenic reaction, paranoid.

19A DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 9:25 P.M. from the causes and on the date stated above.

SIGNATURE Bruno Radawiecz M D ADDRESS Catonsville, Md. DATE SIGNED Spring Grove State Hosp. 10/14/1954

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-18-54

NAME OF CEMETERY OR CREMATORY Mutual

LOCATION (City, town or county) (State) Mutual Calvert Co. Md.

DATE REC'D BY LOCAL REGISTRAR 10/15/54

REGISTRAR'S SIGNATURE C. E. Harry

24 FUNERAL DIRECTOR Harold D. Dawkins

ADDRESS 1107 Wilkens Ave

09079

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

19117

Reg. Dist. No. 41

Item 8 Film 173 11/24/54 mnb

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

The correct age

VS A15A

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 30 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 921 Oakleigh Beach Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) BAKER (Last) FELTS, JR.

4. DATE OF DEATH (Month) (Day) (Year): 10-28-54 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH (Month, Day, Year): 23 AUGUST 1900

9. AGE (Last birthday): 49 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LEADER

10b. KIND OF BUSINESS OR INDUSTRY: SHIP CONSTR.

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: JOHN B. FELTS, SR.

14. MOTHER'S MAIDEN NAME: A. LAURA HINES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 213-09-2762

17. INFORMANT AND ADDRESS: MILDRED FELTS, SAME ADDRESS

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis — 1 yr

21a. DATE OF OPERATION: Feb 1954 — 21b. MAJOR FINDINGS OF OPERATION: Cholecystectomy

22. AUTOPSY? Yes ☐ No ☒

23. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY: Home, farm, factory, street, office bldg., etc. — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) — INJURY OCCURRED: While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) — ADDRESS: [illegible] Dundalk Md — DATE SIGNED: 10-29-54

25. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 11-1-54 — NAME OF CEMETERY OR CREMATORY: Oakleigh — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG: Oct 29-1954 — REGISTRAR'S SIGNATURE: Warren M. King

24. FUNERAL DIRECTOR: Walter Brooks Bradley — ADDRESS: Bradley Inc. Dundalk

MARYLAND STATE DEPARTMENT OF HEALTH

09126 09118

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 526 South Chapel Gate RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3700 West Belvedere Ave

3. NAME OF DECEASED (Type or Print) (First, Middle, Last) Charles Adam Fleischmann

4. DATE OF DEATH (Month, Day, Year) Oct ober 23, 54 19

5. SEX Male

6. COLOR OR RACE Wh te

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 14. 1877

9. AGE last birthday 76 yrs.

If under 1 year Months

If under 24 hrs Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Maryland.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Lorenz Fleischmann

14. MOTHER'S MAIDEN NAME Eva E. Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 213-05-4987

17. INFORMANT AND ADDRESS Mrs Joseph A. Moeller 1552 Burnwood RD Balto. 12

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension with Arteriosclerosis ? (c)

INTERVAL BETWEEN ONSET AND DEATH: 17 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from 10/1, 1954 to 10/23, 1954 that I last saw the deceased alive on 10/23, 1954 and that death occurred at 5.35 P.m, from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel P. Alagia ADDRESS 338 Westchester Ave Balto 12 DATE SIGNED 10/23/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF October 26, 1954

NAME OF CEMETERY OR CREMATORY Mount Carmel

LOCATION (City, town, or county) (State) Baltimore Maryland.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. Baltimore Maryland. Henry Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09119

09127 CERTIFICATE OF DEATH Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Fort Howard
MARYLAND LENGTH OF STAY (in this place) 316 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore #22
STREET ADDRESS (If rural give location) 8 South Lan

3. NAME OF DECEASED (Type or Print) (First) ERNEST (Middle) J. (Last) FRANKS
4. DATE OF DEATH (Month) October (Day) 2, (Year) 1954

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Married
8. DATE OF BIRTH February 9, 1923
9. AGE Last Birthday 31 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Aide
10B. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Wrightsville, N. Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME. James Franks
14. MOTHER'S MAIDEN NAME Beulah MN: Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unk. If Yes, give war or dates of service WW-II
16. SOCIAL SECURITY NO. 241-20-2400 Unknown
17. INFORMANT & ADDRESS Clin.Rec.Vet.Adm.Hospital,Ft. Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ESSENTIAL HYPERTENSTION, MALIGNANT TYPE — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH DUODENAL ULCER — UNKNOWN

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc
21C. WHERE DID INJURY OCCUR? City or town (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY Ooccur?

VA

22. I hereby certify that I attended the deceased from Nov. 20, 1953, to Oct. 2, 1954, that I last saw the deceased ~~alive~~ on ~~Oct.~~ 12 ~~Oct.~~ and that death occurred at 12:45 A.M., from the causes and on the date stated above.

SIGNATURE C. B. COPE, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 10-2-54

23. BURIAL CREMATION REMOVAL (SPECIFY) Removal
DATE THEREOF 10/6/54
NAME OF CEMETERY OR CREMATORY Pelhom Cemetery
LOCATION (City town or county) Brunswick County, N. Carolina (State)

DATE REC'D BY LOCAL REGISTRAR 10/4/54
REGISTRAR'S SIGNATURE A. M. Hedrick
24. FUNERAL DIRECTOR ADDRESS Charles R. Law, 802 Madison Ave. Baltimore, Maryland

VS A15—10-5

03686

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09120

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1915 Woodside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HALETHORPE
STREET ADDRESS (If rural, give location): 1915 WOODSIDE AVE.

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) FRANZ (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 14, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Mar. 19. 1868

9. AGE (Last birthday) 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clothing Cutter. Haas Tailoring ret. 5yrs.

10b. KIND OF BUSINESS OR INDUSTRY: Baltimore Md.

11. BIRTHPLACE (State or foreign country): USA

12. CITIZEN OF WHAT COUNTRY:

13. FATHER'S NAME: Valentine Franz

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Lenora Wood Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive A. & C. v. D.

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22, 1952 to 10/14, 1954, that I last saw the deceased alive on 10/12, 1954, and that death occurred at 3 30/60 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John C. Feary MD — ADDRESS: Halethorpe MD — DATE SIGNED: 10/14/54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE: October 16, 1954 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Baltimore Cemetery

DATE REC'D BY LOCAL REG.: October 16. 1954 — REGISTRAR'S SIGNATURE: R. W.

24. FUNERAL DIRECTOR: Henry Sander & Sons Inc. — ADDRESS: Baltimore Maryland.

Henry Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09087

CERTIFICATE OF DEATH

Reg. Dist. No. 09121

Item 12, Filed 172 11-8-54 et

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Relay
LENGTH OF STAY in this place
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1212 Francis Ave

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural give location) 1212 Francis Ave

3. NAME OF DECEASED. (Type or Print) (First) Paula (Middle) (Last) Everett

4 DATE OF DEATH (Month) (Day) (Year) 10 - 27 - 1954

5 SEX Female

6 COLOR OR RACE white

7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Widow

8 DATE OF BIRTH: 12-8-1870

9 AGE last birthday 83 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country) Germany

12 CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME Adolph

14 MOTHER'S MAIDEN NAME Johanette

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16 SOCIAL SECURITY NO.

17 INFORMANT'S ADDRESS Walter Joseph - same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
A9.1 IMMEDIATE CAUSE	(A) Myocardial failure -	few minutes
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO Mass in upper abdomen probably malignancy	months +
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ✓

19A DATE OF OPERATION ✓

19B. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. ✓

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from , 1945, to Oct 27, 1954, that I last saw the deceased alive on Oct 12, 1954, and that death occurred at 3:30 P M, from the causes and on the date stated above.

SIGNATURE Frederick V. Baxter M.D. ADDRESS 1014 Francis ave - Baltimore 29 DATE SIGNED 10-27-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 10-29-54

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-29-54

REGISTRAR'S SIGNATURE [illegible]

24 FUNERAL DIRECTOR Jack Lewis Inc

ADDRESS 2100 Eastern Ave

VS. A15—10-52

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARYLAND 09128 09122 STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural. (Monkton).
LENGTH OF STAY (in this place) 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Irish Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - (MONKTON).
STREET ADDRESS (If rural, give location) IRISH AVE.

3. NAME OF DECEASED (Type or Print) (First) Karen (Middle) Elizabeth (Last) Gaither

4. DATE OF DEATH (Month) Oct (Day) 27 (Year) 1954

5. SEX F

6. COLOR OR RACE N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify. Single

8. DATE OF BIRTH 28 Nov 1953

9. AGE Last birthday 11 mos | If under 1 year: Months 11 | Days | If under 24 hr: Hours | Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY none.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Francis Warren Gaither

14. MOTHER'S MAIDEN NAME Maria Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none.

17. INFORMANT AND ADDRESS Mrs. Marie Gaither, Monkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Capillary Bronchiolitis — Interval Between Onset and Death: 5-6 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Virus pharyngitis

(c) Virus gastritis + enteritis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour, m.)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Oct, 1954, to 27 Oct, 1954, that I last saw the deceased alive on 26 Oct, 1954, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E. Moseley Jr. M.D. ADDRESS Cockeysville Md. DATE SIGNED 27 Oct 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 10-29-54 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) (State) Corbyville, Md

DATE REC'D BY LOCAL REG 10/28/54 | REGISTRAR'S SIGNATURE M Elizabeth DeLauch

24. FUNERAL DIRECTOR J. Scott Brooks, Parkton, Md. ADDRESS

10 + 10 + 10

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09129 **CERTIFICATE OF DEATH** Reg. Dist. No. 09123

Item 10 - killed??? 11-6-54 AT

1 PLACE OF DEATH

COUNTY BALTO. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE

LENGTH OF STAY (in this place) 3 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED

STATE MD. COUNTY BALTO.

CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural give location) 16 E. 24th. St. BALTO. MD.

3. NAME OF DECEASED (Type or Print) (First) DELIA (Middle) MARY (Last) GANNON

4 DATE OF DEATH (Month) 10 (Day) 26 (Year) 1954

5 SEX F | 6 COLOR OR RACE W | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8 DATE OF BIRTH 1871 | 9 AGE Last birthday 83 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) IRELAND

12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? MAHONEY

14. MOTHER'S MAIDEN NAME ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | If Yes, give war or dates of service,

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS GEORGE GANNON 1308 WINDEMERE AVE. BALTO.

18. MEDICAL CERTIFICATION

19 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CEREBRO-VASCULAR ACCIDENT

ANTECEDENT CAUSE (B) DUE TO CEREBRAL ARTERIO-SCLEROSIS

DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO WITH HCVD

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc | 21C WHERE DID INJURY OCCUR? City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14-, 1954 to 10-26, 1954 that I last saw the deceased alive on 10-26-, 1954, and that death occurred at 10:20 M, from the causes and on the date stated above.

SIGNATURE Paul Edwards M D | ADDRESS Spring Grove Hospital | DATE SIGNED 10-26-54

23 BURIAL CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/29/54 | NAME OF CEMETERY OR CREMATORY Mt. Cathedral | LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REGISTRAR 10/28/54 | REGISTRAR'S SIGNATURE C.A. Hedrick | 24 FUNERAL DIRECTOR Leonard Luck | ADDRESS 305 Hanover

VS. A15—10-54

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09130 09124

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville
LENGTH OF STAY (In this place) 7 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Stevenson Point (49)
STREET ADDRESS (If rural, give location) 811 F. STREET

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) THOMAS (Last) GARDNER
4. DATE OF DEATH (Month) (Day) (Year) October 2, 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 1, 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Lineman
10b. KIND OF BUSINESS OR INDUSTRY: Electric
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Gardner
14. MOTHER'S MAIDEN NAME: Margaret Torbit
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 213-07-1158
17. INFORMANT & ADDRESS: Records-SpringGroveStateHospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Arteriosclerotic cardiorenal disease
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility - psychosis

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo F. McKinley 1010 Reedsdale M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 10-6-54
NAME OF CEMETERY ~~OR CREMATORY~~ DARLINGTON
LOCATION (City, town, or county) (State) DARLINGTON, Md.

DATE REC'D BY LOCAL REG. 10/6/54
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Little Baker Bradley, Glendale, Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09125

09131 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15- 10-53

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 222 S. Haven Street

3. NAME OF DECEASED (Type or Print): (First) DOMENIC (Middle) NMI (Last) GENTILE

4. DATE OF DEATH (Month) (Day) (Year): October 29 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/25/95

9. AGE Last birthday: 59 yrs. IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Crown Cork Seal

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Pasquale Gentile

14. MOTHER'S MAIDEN NAME: Magnifique Giaguinto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unk): Yes — If Yes give war or dates of service: WW-I

16. SOCIAL SECURITY NO: 213-10-4165

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE — (A) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSE (B) — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — (B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY Home, farm, factory street, office bldg etc

21C. WHERE DID INJURY OCCUR? City or town (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY Ooccur?

22. I hereby certify that I VA attended the deceased from Oct. 27, 1954, to Oct 29, 1954 and that death occurred at 6:12A M, from the causes and on the date stated above.

SIGNATURE: FRANCIS G. DICKEY, M.D. — ADDRESS: Chief, Medical Service, VAH, Fort Howard, Md. — DATE SIGNED: 10/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 11-2-54 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City town or county) (State): 4430 Belair Rd. Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE: A. H. Hewell D.K.

24. FUNERAL DIRECTOR — ADDRESS: Frank Della Nocce Funeral Home, 322 S. High St. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09126

09132 **CERTIFICATE OF DEATH** Reg. Dist. No

1 PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place) 7 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural give location) 3318 Fleet Street #24

3 NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) L. (Last) GETZEL

4 DATE OF DEATH (Month) October (Day) 25 (Year) 1954

5. SEX Male

6 COLOR OR RACE White

7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Married

8 DATE OF BIRTH March 4, 1900

9 AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min 54 yrs

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Staff Member

10B KIND OF BUSINESS OR INDUSTRY Salvation Army

11 BIRTHPLACE (State or foreign country) Cape Charles, Virginia

12 CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME. John Getzel

14 MOTHER'S MAIDEN NAME Frances MN: Shay

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16 SOCIAL SECURITY NO 216-03-5780

17 INFORMANT & ADDRESS Clin.Rec.,Vet.Adm.Hosp.Fort Howard,Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc

21C WHERE DID INJURY OCCUR? City or town; (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1954, to Oct. 25, 1954, that I last saw the deceased alive on Oct. 25, 1954, and that death occurred at 8:45 PM, from the causes and on the date stated above.

SIGNATURE [signature] MILTON B. WATERFIELD, M.D.

ADDRESS M D VAH, FORT HOWARD, MARYLAND

DATE SIGNED 10-26-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-29-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE [signature] OK

24 FUNERAL DIRECTOR ADDRESS Charles S. Zeller, 901 S. Conkling St. Baltimore, Md.

VS A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09127

09133 CERTIFICATE OF DEATH Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1 PLACE OF DEATH.
COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex
MARYLAND
LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 810 Essex Ave.

2 USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex
STREET ADDRESS (If rural give location) 810 Essex Ave.

3 NAME OF DECEASED (Type or Print) First Martin Middle Walter Last Golabieski

4 DATE OF DEATH Month Oct Day 23 Year 1954

5 SEX M. 6 COLOR OR RACE W. 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married 8 DATE OF BIRTH Oct. 27 1891 9 AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Steel worker 10b. KIND OF BUSINESS OR INDUSTRY: Steel mill 11 BIRTHPLACE (State or foreign country) Md. 12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME Martin Golabieski 14 MOTHER'S MAIDEN NAME: Josefa Eva Chmoch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) no (If Yes, give war or dates of service) 16 SOCIAL SECURITY NO. 216-09-6922 17. INFORMANT & ADDRESS: Maryanna Golabieski (same)

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Ca. with
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) metastasis
DUE TO
(c)

Interval Between Onset And Death: (a) 2 mos. (b) 1 day

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension

19a DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 19 54, to 10/23, 1954, that I last saw the deceased alive on 10/23, 1954, and that death occurred at 11:45 P.M. from the causes and on the date stated above.
SIGNATURE J Katz, MD (Degree or title) ADDRESS 424 Eastern Ave Essex Md. DATE SIGNED 10/24/54

23 BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/26/54 NAME OF CEMETERY OR CREMATORY Bel Air Memorial LOCATION (City, town or county) Harford Co. Md.
DATE REC'D BY LOCAL REGISTRAR 10-25-54 REGISTRAR'S SIGNATURE A.W. Hedrich dmr.
24 FUNERAL DIRECTOR Christine Bruzdzinski ADDRESS 1407 Eastern Ave

VS. A15

09128

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09134 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 – 10-54

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 28
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED: (Type or Print) (First) Yetta (Middle) — (Last) Goldberg

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1954

5 SEX F | 6 COLOR OR RACE W | 7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Single

8 DATE OF BIRTH 1. 15. 1881

9 AGE last birthday: Years 73 | If under 1 year: Months Days | If under 24 hrs: Hours Min

10a USUAL OCCUPATION Give kind of work done during most of working life even if retired Unknown

10b KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Russia

12 CITIZEN OF WHAT COUNTRY? Unknown

13 FATHER'S NAME: Benjamin Sotnik

14. MOTHER'S MAIDEN NAME Mary Kaplan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Cardiac failure

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Arteriosclerotic heart disease DUE TO

(C) Generalized arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

19A DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1953, to 10/4, 1954, that I last saw the deceased alive on 10/4, 1954, and that death occurred at 1 P. M, from the causes and on the date stated above

SIGNATURE Stella Wachsler M D ADDRESS Spring Grove St. Hospital DATE SIGNED 10/5/54

23 BURIAL CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-6-54 | NAME OF CEMETERY OR CREMATORY Mt Carmel | LOCATION (City, town or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/6/54 | REGISTRAR'S SIGNATURE V.E. Harry | 24 FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09129

09135 # CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1 PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
MARYLAND LENGTH OF STAY (in this place) 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 440 Kent Ave.

USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland County Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 440 Kent Ave.

3 NAME OF DECEASED (Type or Print) (First) (Middle) (Last) SARAH LOUISE GORDON
4 DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1954
5 SEX Female
6 COLOR OR RACE White
7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Married
8 DATE OF BIRTH 4/28/1880
9 AGE Last birthday 74 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS Days Hours Min
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B KIND OF BUSINESS OR INDUSTRY Own home
11 BIRTHPLACE (State or foreign country) Maryland
12 CITIZEN OF WHAT COUNTRY? U.S.A.
13 FATHER'S NAME Richard L. Grimes
14 MOTHER'S MAIDEN NAME Annie Snyder
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO None
17 INFORMANT & ADDRESS J.W. Gordon 440 Kent Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — Infarct — INTERVAL BETWEEN ONSET AND DEATH about 24 h

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Hypertension — unknown

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to March, 1954 that I last saw the deceased alive on March, 1954, and that death occurred at 8 3/4 M, from the causes and on the date stated above.
SIGNATURE Curtis Ratliff Jr. M D
ADDRESS 1605 Edmondson Ave
DATE SIGNED

23 BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/3/54
NAME OF CEMETERY OR CREMATORY Providence
LOCATION (City, town, or county) (State) Glenelg, Md.

DATE REC'D BY LOCAL REGISTRAR 11-1-54
REGISTRAR'S SIGNATURE V.E. Harry
24 FUNERAL DIRECTOR Easton Lowe
ADDRESS Catonsville, Md.

MARYLAND 09136

09139
STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

Item 9, Film G172 11-2-54 et

1. PLACE OF DEATH
COUNTY Balto.
CITY (If outside corporate limits, write RURAL) and OR give nearest town
TOWN Cockeysville
MARYLAND
LENGTH OF STAY (in this place) 24 yr. 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md.
COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town)
OR TOWN Stemmersville
STREET ADDRESS (If rural, give location) 1st Pearl Street

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) Joseph (Last) Harding

4. DATE OF DEATH (Month) Oct. (Day) 27 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH July 18, 1876

9. AGE last birthday 78 yrs. 11 mos. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter Tent Awning Shop

10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov.

11. BIRTHPLACE (State or foreign country) Charlestown Mass

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Joseph Harding

14. MOTHER'S MAIDEN NAME Margaret Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 010-12-9545

17. INFORMANT AND ADDRESS Henry J. Harding 2505 Pickwick Rd. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-Vascular Accident — Interval Between Onset and Death 2½ yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - Arterio sclerotic heart disease 3 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) Hour, m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1954, to Oct 27, 1954, that I last saw the deceased alive on Oct 27, 1954, and that death occurred at 11:40 P. m., from the causes and on the date stated above.

SIGNATURE Thomas A.E. Moseley Jr. (Degree or title) ADDRESS Cockeysville, Md. DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial DATE Oct 30 1954 NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. LOCATION (City, town, or county) Pikesville Balto. (State) Md.

DATE RECD BY LOCAL REG. 10/29/54

REGISTRAR'S SIGNATURE Dan. Hedrick Dmr

FUNERAL DIRECTOR J. Wallis Lamotte

ADDRESS 4510 Liberty Heights Ave

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

09137 (09131)

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasant Grove
LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown (P.O.)
STREET ADDRESS (If rural, give location) Pleasant Grove

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) Frances (Last) Harvey
4. DATE OF DEATH (Month) Oct (Day) 21 (Year) 1954

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed
8. DATE OF BIRTH Feb 24-1873
9. AGE Last birthday 81 yrs. If under 1 year Months 7 If under 24 hrs Days Hours 24 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY retired farming
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William H Balt
14. MOTHER'S MAIDEN NAME Mary Ann ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Family

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis (died suddenly)	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	10 yrs
	(c) Deterioriation	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954, to Oct 21, 1954, that I last saw the deceased alive on Oct. 2, 1954, and that death occurred at about 5 (Degree or time) A m., from the causes and on the date stated above.
SIGNATURE Cyril E. Fowble M.D. ADDRESS Upperco Md. DATE SIGNED Oct. 21-'54.

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 10-23-54
NAME OF CEMETERY OR CREMATORY Pleasant Grove
LOCATION (City, town, or county) (State) Reisterstown, Md.

DATE REC'D BY LOCAL REG. 10/21/54
REGISTRAR'S SIGNATURE Mary L. Cline
24. FUNERAL DIRECTOR Wm. Merryman & Sons, Reisterstown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19132

09138 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 10 mos. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2 USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) Rt. 14 Box 490

3 NAME OF DECEASED—Type or Print: First Cathleen (Middle) Mae (Last) Hedrick

4 DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 19 54

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 3-17-53
9. AGE last birthday: 1 yr (IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min)

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired).
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: Elbert Hedrick
14. MOTHER'S MAIDEN NAME: Thelma Detwiler

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Rosewood Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Acute Broncho-pneumonia — 20 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Internal hydrocephalus, congenital — since birth

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17, 19 53, to 10-28-, 19 54, that I last saw the deceased alive on Oct. 28 19 54, and that death occurred at 6:10 p.m. from the causes and on the date stated above

SIGNATURE (Degree or title) H. M. Bunker M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 11/29/54 — NAME OF CEMETERY OR CREMATORY Forest Lawn — LOCATION (City, town, or county) Catonsville — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/9/54 — REGISTRAR'S SIGNATURE DEMA

24 FUNERAL DIRECTOR John J Connelly — ADDRESS 418 Eastern Ave Essex Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9133

09139 CERTIFICATE OF DEATH Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 2 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 4900 Stafford St.

3 NAME OF DECEASED (Type or Print) (First) Cornelia (Middle) A. (Last) Henderson

4 DATE OF DEATH (Month) Oct (Day) 2 (Year) 1954

5 SEX Female | 6 COLOR OR RACE: White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8 DATE OF BIRTH Sept 19, 1868 | 9 AGE last birthday IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. 86 yrs

10A USUAL OCCUPATION Give kind of work done during most of working life even if retired) Housework | 10B KIND OF BUSINESS OR INDUSTRY Own Home. | 11 BIRTHPLACE (State or foreign country) Maryland | 12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME Charles Kelley

14 MOTHER'S MAIDEN NAME Elizebeth Rowe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO

17 INFORMANT & ADDRESS Eleanor Saxon 609 Beech Field Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 mos

ANTECEDENT CAUSE (B) DUE TO Generalized Arteriosclerosis — ?

DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Ulcerations Bleeding legs — 1 mo

19A DATE OF OPERATION — | 19B MAJOR FINDINGS OF OPERATION — | 20 AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE OF INJURY Home farm factory street, office bldg., etc | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954 to Oct 2, 1954, that I last saw the deceased alive on Sept 1, 1954 and that death occurred at 8:45 A M, from the causes and on the date stated above

SIGNATURE Earl F. Wood, Jr. M D ADDRESS 4001 Wilkens Ave DATE SIGNED 10-4-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct 5 1954 | NAME OF CEMETERY OR CREMATORY Govans Cemetery | LOCATION (City, town or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 10-4-54 | REGISTRAR'S SIGNATURE A. W. Heins

24. FUNERAL DIRECTOR Joseph I. Limbrick Jr. ADDRESS 1324 Edmondson Ave Balto

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09134

09140 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Parkton; MARYLAND LENGTH OF STAY (in this place) 63 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Old York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Rural - Parkton. STREET ADDRESS (If rural give location) Old York Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Edith Alverta Hershner.

4. DATE OF DEATH (Month) (Day) (Year) October 8, 1954.

5. SEX Female. 6. COLOR OR RACE White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow. 8. DATE OF BIRTH December 2, 1870. 9. AGE last birthday IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. 83 yrs.

10A USUAL OCCUPATION Give kind of work done during most of working life, even if retired. Housewife. 10B KIND OF BUSINESS OR INDUSTRY. Own home.

11. BIRTHPLACE (State or foreign country) Freeland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel S. Cooper.

14. MOTHER'S MAIDEN NAME. Anna Staniford.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT'S ADDRESS: Calvin Hershner, Parkton, Md. R.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: Cardio - Vascular renal disease

ANTECEDENT CAUSE (B) DUE TO:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION: 0

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE OF INJURY Home farm, factory street, office bldg., etc

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to 10/ , 19 , that I last saw the deceased alive on 10/7/54, 19 , and that death occurred at 4:55 A.M., from the causes and on the date stated above.

SIGNATURE E. M. France M.D. ADDRESS Parkton, Md DATE SIGNED 10/9/54

23. BURIAL CREMATION REMOVAL (SPECIFY) Burial. DATE THEREOF October 11, 1954. NAME OF CEMETERY OR CREMATORY West Liberty Cemetery. LOCATION (City, town, or county) White Hall, Balto. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/9/54. REGISTRAR'S SIGNATURE Charles J. Fenton

24. FUNERAL DIRECTOR Jacob Herdlestein. ADDRESS New Freedom, Pa.

RECEIVED
OCT 14 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19135

CERTIFICATE OF DEATH

09141 Reg. Dist. No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Entry of information ... ld be carefully supplied. MARGIN RESERVED FOR BINDING

1 NAME OF DECEASED (Type or Print) Mr. Louis E. Hi22

2 DATE OF DEATH 10-28-54

3 PLACE OF DEATH
A Baltimore City, Maryland 7406 Beech Ave.
B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore County, Md.
Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE
B COUNTY 4531 Foote Street NE Washington DC
C CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington
D STREET ADDRESS (If rural, give location) NE.

5 SEX M
6 COLOR OR RACE C
7 SINGLE MARRIED WIDOWED DIVORCED (Specify)
8 DATE OF BIRTH 5-6-1906
9 AGE In years last birthday) 48
If Under 1 Year Months Days
If Under 24 Hours Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10B KIND OF BUSINESS OR INDUSTRY U.S. Gov.
11 BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME John B. Hi22
14 MOTHER'S MAIDEN NAME Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —
16 SOCIAL SECURITY NO —
17 INFORMANT Mary Hi22 (wife) ADDRESS 7406 Beech Ave.

18 CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Bowel obstruction — INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
(B) Carcinoma of stomach — approx.
DUE TO
(C) extensive metastasis — 10 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Obstructive jaundice

19A DATE OF OPERATION Sept. 12, 54
19B CONDITION FOR WHICH OPERATION WAS PERFORMED Carcinoma of stomach
IF OPERATION WAS RELATED TO CAUSE OF DEATH ENTER PART I OR PART II

20 TIME (Month) (Day) (Year) (Hour) OF INJURY
21E INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1954 to Oct 28, 1954 that I last saw the deceased alive on Oct 26, 1954 and that death occurred at 9:40 AM, from the causes and on the date stated above

23A SIGNATURE Charles M Kerns
23B ADDRESS 6801 Belair Rd.
23C DATE SIGNED Oct 28, 54

24A BURIAL CREMATION REMOVAL (Specify)
24B DATE 10/28/54
24C NAME OF CEMETERY OR CREMATORY
24D LOCATION (City, town, or county) Washington (State) D.C.

DATE RECEIVED BY LOCAL REGISTRAR 11-28-54
REGISTRAR'S SIGNATURE
25 FUNERAL DIRECTOR Morrow + Woodward Inc.
ADDRESS 1612 11th N.

09136

09142

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 BURKE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 9 Burke Ave.

3. NAME OF DECEASED (Type or Print): (First) MRS. Lillian (Middle) WALPER (Last) HILLER

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: OCT 17, 1898

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Secretary

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FREDERICK G. WALPER

14. MOTHER'S MAIDEN NAME: Kate STEINDOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: GEORGE H. WALPER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4454

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 HR.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular Disease — ... ?

(c) Arteriosclerosis, Cerebral, Severe — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ..., 1953, to Oct. ..., 1954, that I last saw the deceased alive on Oct 24, 1954 and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Thos M. Leary M.D. — ADDRESS: 8 Lookwood Rd Balto 10 MD. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 10-28-1954 — NAME OF CEMETERY OR CREMATORY: London Park Cem. — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGR.: 10-25-54 — REGISTRAR'S SIGNATURE: A.W. Hedrich — dmr.

24. FUNERAL DIRECTOR: Leonard J. Buck — ADDRESS: 5305 Harford Rd

#14

MARYLAND STATE DEPARTMENT OF HEALTH

09137

09143

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; LENGTH OF STAY (in this place) LIFE; HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 S. ROLLING RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; STREET ADDRESS (If rural, give location) 16 N. GLENWOOD RD.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) D. (Last) HOFFMANN

4. DATE OF DEATH (Month, Day, Year): 10-19-54

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: MAR. 4, 1875

9. AGE Last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: O.H.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: STALKNECHETT

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CHRONIC MYOCARDITIS (ACUTE ATTACK). — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) OBESITY AND AGE.

(c) ALSO ARTERIAL HYPERTENSION.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 0 (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 0

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from SEPT, 4, 1952, to OCT, 19, 1954, that I last saw the deceased alive on OCT, 19, 1954, and that death occurred at 10. P m., from the causes and on the date stated above.

SIGNATURE J. Hoyt Johnson (Degree or title) M.D. ADDRESS 6348 FREDERICK RD CATONSVILLE MD. DATE SIGNED 10/21/54

BURIAL, CREMATION, REMOVAL (Specify): ENTOMBMENT

DATE THEREOF: OCT. 23/54

NAME OF CEMETERY OR CREMATORY: LORRAINE PARK

LOCATION (City, town, or county) (State): WOODLAWN MD.

DATE REC'D BY LOCAL REG. 10-22-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Harry A. Winterling

ADDRESS: 1101 EDMONDSON AVE

09144

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 09138

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) C (Last) [illegible] JR
4. DATE OF DEATH (Month) [illegible] (Day) 20 (Year) 19[illegible]
5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: [illegible]
9. AGE Last birthday: 21 yrs. IF UNDER 1 YEAR: Months [illegible] Days [illegible] IF UNDER 24 HRS.: Hours [illegible] Min. [illegible]
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: [illegible]illiam Holt, Sr.
14. MOTHER'S MAIDEN NAME: Ruth Naomi Hood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Rosewood records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) [illegible]cute [illegible] DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) [illegible] DUE TO (c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDING OF OPERATION: none
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH none
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Bissell Cottage, Rosewood St. Tr. Sch.
21c. (City or town, (County) Balto. Co. (State) Md. Owings Mills,
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-20-54 6:40 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Deceased drank a cup of pine oil.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. L. Caples M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/25/54
NAME OF CEMETERY OR CREMATORY St Mary's
LOCATION (City, town, or county) Hampden (State)
DATE REC'D BY LOCAL REG. 10-21-54
REGISTRAR'S SIGNATURE [illegible]
FUNERAL DIRECTOR Paul E. Simmons Jr.
ADDRESS 3615-17 Chestnut Ave

A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09145 CERTIFICATE OF DEATH

Reg. Dist. No. 09139

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1 PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 N. Beechwood Ave.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 8 N. Beechwood Ave.

3 NAME OF DECEASED (Type or Print) First: ALONZO Middle: MERRITT Last: HORN

4. DATE OF DEATH Month: Oct. Day: 11, Year: 1954

5 SEX: male

6 COLOR OR RACE: white

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8 DATE OF BIRTH: Sept. 4, 1898

9 AGE last birthday IF UNDER 1 YEAR, Months / Days; IF UNDER 24 Hrs. Hours / Min.: 56 yrs.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10B KIND OF BUSINESS OR INDUSTRY: State of Md.

11 BIRTHPLACE (State or foreign country): Maryland

12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: John H. Horn

14 MOTHER'S MAIDEN NAME: Mary E. Heyn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes If Yes, give war or dates of service: World No 1

16 SOCIAL SECURITY NO

17 INFORMANT & ADDRESS: Mrs. Henrietta W. Horn - 8 N. Beechwood Av

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
24 IMMEDIATE CAUSE	(A) DUE TO	SUBACUTE MYOCARDITIS.	2-3 MOS
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO	ASTHMATIC BRONCHITIS.	10-15 Y
	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 0

19A DATE OF OPERATION: 0

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): 0

21C WHERE D D (City or town) (County) (State) INJURY OCCUR? 0

21D TIME (Month) (Day) (Year) (Hour) OF INJURY: 0 M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from SEPT, 24, 1954 to OCT, 11, 1954 that I last saw the deceased alive on OCT, 9, 1954, and that death occurred at 1: PM, from the causes and on the date stated above.

SIGNATURE J. Lloyd Jonson M D ADDRESS CATONSVILLE MD. DATE SIGNED Oct-13-'54.

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 10/14/54

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 10-13-54

REGISTRAR'S SIGNATURE: [illegible]

24 FUNERAL DIRECTOR: Wm. J. Pickens & Sons-Balto

ADDRESS: [illegible]

09146 (9140)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (In this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Steel Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 914 N. Patterson Pk ave.

3. NAME OF DECEASED: (Type or Print) (First) Cecil (Middle) J. (Last) Hoult
4. DATE OF DEATH (Month) Oct (Day) 25 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: 3/9-1905
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of work life, even if retired) Store Keeper Man
10b. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frances Hoult
14. MOTHER'S MAIDEN NAME: Elizabeth Welt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service) 23-
16. SOCIAL SECURITY NO.: 14-14125
17. INFORMANT & ADDRESS: Rose Hoult 914 N. Patterson Pk Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Coronary Occlusion.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Cardio Vascular Disease
(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown One 1/2 yrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec Oct 25 1954 11:45 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? None.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. McCarmen M. D. [redacted] DEPUTY MEDICAL EXAMINER DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Oct 30/54
NAME OF CEMETERY OR CREMATORY Meadow Ridge
LOCATION City, town, or county) Elkridge (State) Md.

DATE RECD BY LOCAL REG. 10-27-54
REGISTRAR'S SIGNATURE [redacted]
24. FUNERAL DIRECTOR H. Brockelman
ADDRESS 900 E. Chestnut St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09141

09147 CERTIFICATE OF DEATH Reg. Dist. No 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY If outside corporate limits write RURAL and give nearest town) OR TOWN Owings Mills, Md. LENGTH OF STAY (in this place) 2-26-53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 705 Forrest Drive

3. NAME OF DECEASED. (Type or Print) First: Mary (Middle): L. (Last): Houser

4. DATE OF DEATH (Month) 10 (Day) 26 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH. 12-20-45

9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min: 8 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Markwood Houser

14. MOTHER'S MAIDEN NAME: Emily Rhea Ashby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. ------

17. INFORMANT & ADDRESS: Rosewood records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute Bronchopneumonia	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hemorrhage into intestinal tract after Tonsilectomy	1 day
	(c) DUE TO	
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Incorrectly with quadriplegia	Birth

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 , to , 19 , that I last saw the deceased alive on 10/27., 19 54, and that death occurred at 10:20 a.m. from the causes and on the date stated above

SIGNATURE (Degree or title) Edgerall Heard Resident M.D. ADDRESS DATE SIGNED 10/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/30/54 NAME OF CEMETERY OR CREMATORY Md. View Cemetery LOCATION (City, town or county) Sharpsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-29-54 REGISTRAR'S SIGNATURE Mary B. Elvine

24. FUNERAL DIRECTOR Albert L. Lee ADDRESS Williamsport, Md.

VS. A15

OCT

09148

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09142

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 41 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8822 Baker Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 8822 Baker Ave

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Frances (Last) Hurd

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-19-04

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Clothing Mfg

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Bordine

14. MOTHER'S MAIDEN NAME: Charissa Morretti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John P. Hurd 8822 Baker Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) —

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Carcinoma of Colon with metastases in liver

(c) —

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11th June '54

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Recto-Sigmoid Junction

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1954, to Oct. 1, 1954, that I last saw the deceased alive on Oct 1, 1954, and that death occurred at 3.50 P. m., from the causes and on the date stated above.

SIGNATURE: M. K. Quinn (Degree or title) M.D ADDRESS: York Rd, Timonium, Md DATE SIGNED: 10/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-5-54 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG: 10-4-54 — REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: George L. Schwab — ADDRESS: 210 Frederick Ave

VS1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09143

09149 CERTIFICATE OF DEATH Reg. Dist. No. 36

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9801 Hilltop Drive

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carney
STREET ADDRESS (If rural give location) 9801 Hilltop Drive

3. NAME OF DECEASED (Type or Print) (First) Mrs. (Middle) Ann G. (Last) Jenkins

4. DATE OF DEATH (Month) (Day) (Year) October 28th 1954

5 SEX female | 6 COLOR OR RACE: white | 7 SINGLE, MARRIED WIDOWED DIVORCED. (Specify) widowed | 8 DATE OF BIRTH Nov. 28, 1875 | 9 AGE last birthday 78 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Churchview, Virginia
12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: James Keiningham
14. MOTHER'S MAIDEN NAME: Mary Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Ray Jenkins, 9801 Hilltop Drive

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4. a IMMEDIATE CAUSE (A) Myocardial degeneration — 5 yrs +

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic bronchitis — 2½ yrs +

19A DATE OF OPERATION. none | 19B MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc. | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952 to Oct. 25 1954, that I last saw the deceased alive on Oct. 20, 1954, and that death occurred at 1.30 P.M, from the causes and on the date stated above.

SIGNATURE G. M. Baern ADDRESS M D 2810 Taylor Ave. DATE SIGNED 10/29/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 1, 1954 | NAME OF CEMETERY OR CREMATORY Parkwood Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/29/54 | REGISTRAR'S SIGNATURE G. M. Baern | 24 FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

VS. A15—10-54

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. A. M. Bacon
2810 Taylor Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09144

09150 CERTIFICATE OF DEATH Reg. Dist No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1 PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Randallstown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edgewood Rd

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Randallstown
STREET ADDRESS (If rural give location) Edgewood Rd.

3 NAME OF DECEASED (Type or Print): (First) Caroline (Middle) Lycett (Last) Jones

4 DATE OF DEATH (Month) Oct (Day) 10 (Year) 1954

5 SEX: F | 6 COLOR OR RACE: W | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed | 8 DATE OF BIRTH: July 9 1906 | 9 AGE (last birthday): 48 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired): housewife | 10B KIND OF BUSINESS OR INDUSTRY: none | 11 BIRTHPLACE (State or foreign country): Balto. Md | 12. CITIZEN OF WHAT COUNTRY? U S A.

13 FATHER'S NAME: Ethan Allen Lycett | 14 MOTHER'S MAIDEN NAME: Charlotte Abbott Cale

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): no | (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO | 17 INFORMANT & ADDRESS: Mrs Isaac Cate Lycett Owings Mills Md.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Carcinoma of ovary with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSE (B) DUE TO:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO:

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION: Aug 54 | 19B MAJOR FINDINGS OF OPERATION: generalized abdominal carcinoma. | 20 AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Aug 1954, to 10 Oct, 1954, that I last saw the deceased alive on 9 Oct, 1954, and that death occurred at 2 P. M, from the causes and on the date stated above.

SIGNATURE: Paul H Royer M D | ADDRESS: Pikesville 8 Md | DATE SIGNED: 10 Oct 54

23 BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-12-54 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem | LOCATION (City, town or county) (State): Pikesville Md

DATE REC'D BY LOCAL REGISTRAR: 10-11-54 | REGISTRAR'S SIGNATURE: Edw Hedrick | 24 FUNERAL DIRECTOR: E. H. Jenkins Sons | ADDRESS: 4305 York Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09030 Reg. Dist. No. 09145 47

1 PLACE OF DEATH. COUNTY BALTIMORE MARYLAND
CITY If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN DUNDALK (22) in this place 84 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 ADMIRAL BLVD.

2 USUAL RESIDENCE (HOME) OF DECEASED. STATE Md COUNTY BALTO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK
STREET ADDRESS (If rural, give location) 5 ADMIRAL BLVD.

3 NAME OF DECEASED. (Type or Print) (First) LULU (Middle) ROSE (Last) KALKREUTH

4 DATE OF DEATH: (Month Day) (Year) 10-14-54 19__

5. SEX: FEM. | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH: 2-17-1881 | 9 AGE last birthday: yrs. 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired. HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country) W. VA. | 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. HENRY ROSE | 14. MOTHER'S MAIDEN NAME: ELIZABETH SPECHT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO. NONE | 17. INFORMANT & ADDRESS PAUL L. KALKREUTH- 5 ADMIRAL BLVD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Myocardial Infarction — Interval Between Onset And Death 15 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Chronic Selerotic Heart Dis — 30 Yrs.

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION. | 19b. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19__ to 19__, that I last saw the deceased alive on 19__, and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack C Collins MD | ADDRESS 2 Kinship Rd | DATE SIGNED 10-16-54

23 BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 10-17-54 | NAME OF CEMETERY OR CREMATORY OAK LAWN | LOCATION (City, town, or county) BALTO. CO., MD. (State)

DATE REC'D BY LOCAL REGISTRAR Oct 15-1954 | REGISTRAR'S SIGNATURE William M Kell | 24 FUNERAL DIRECTOR Wilkerson Burke Bradley | ADDRESS Kendall, Md.

M

MARGIN RESERVED FOR BINDING

PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0417

09151 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1 PLACE OF DEATH:
COUNTY BALTO. CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 SMITHWOOD AVE

2 USUAL RESIDENCE (HOME OF DECEASED):
STATE Md COUNTY BALTO.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural give location) 120 SMITHWOOD AVE.

3 NAME OF DECEASED: (Type or Print) First (Middle) (Last) FERDINAND B. KEIDEL

4 DATE OF DEATH: (Month) OCT. (Day) 5 (Year) 1954

5 SEX M

6 COLOR OR RACE: W

7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8 DATE OF BIRTH. JULY 1, 1872

9 AGE last birthday. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min
82 yrs.

10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired) ELECTRICAL ENG.

10b KIND OF BUSINESS OR INDUSTRY: RETIRED B+O RR.

11 BIRTHPLACE (State or foreign country) Md.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME LOUIS J. KEIDEL

14. MOTHER'S MAIDEN NAME EMMA S. BRAUNS

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17 INFORMANT & ADDRESS: MISS LOUISA J. KEIDEL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Arteriosclerotic cardiovascular disease — Interval Between Onset And Death: 1 yr +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,19 , to Oct 5 , 1954, that I last saw the deceased alive on Oct 5 , 1954, and that death occurred at 3.00 A.M. , from the causes and on the date stated above.

SIGNATURE John A Keidel (Degree or title) M.D. ADDRESS 11 S St Paul St. Balto. 2, Md DATE SIGNED 10 6 54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 10/7/54 NAME OF CEMETERY OR CREMATORY LOUDON PARK LOCATION (City, town or county) BALTO. Md. State

DATE REC'D BY LOCAL REGISTRAR 10/7/54 REGISTRAR'S SIGNATURE U.E. Harry

24. FUNERAL DIRECTOR MACNABB & SON ADDRESS

VS. A15

RECEIVED
OCT 11 19..
BU...U V. S.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09146

09088

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
LENGTH OF STAY (In this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
STREET ADDRESS (If rural, give location): 1209 Stevens Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Dorothea C. Kelly

4. DATE OF DEATH: (Month) (Day) (Year): Oct. 23, 1954

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: Oct. 14, 1877

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C. Smith

14. MOTHER'S MAIDEN NAME: Caroline Lederer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS. Thomas M. Kelly, 1216 Stevens Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Congestive heart failure, acute	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic cardiovascular disease	? years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the left breast — 3½ years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 50, to Oct. 19 54, that I last saw the deceased alive on Oct. 23, 19 54, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Herbert J. Lerchen MD 5305 East Drive 10/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-26-54 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR: 10-25-54 — REGISTRAR'S SIGNATURE: A.W.Hedrick dmr. — NAME OF FUNERAL DIRECTOR: Howard H. Hubbard — ADDRESS: 4107 Wilkens Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09147

09152 **CERTIFICATE OF DEATH** Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall N. H.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Co
STREET ADDRESS (If rural give location) 707 Old Home Rd md

3. NAME OF DECEASED (Type or Print) (First) Julius (Middle) (Last) Krautz

4. DATE OF DEATH (Month) Oct (Day) 19 (Year) 1954

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Widower

8. DATE OF BIRTH Feb 8 1864

9. AGE last birthday 90 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min

10A. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Tool Room Employee

10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Krautz

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 220-07-1821

17. INFORMANT & ADDRESS. Mr John W. Krautz 707 Old Home Rd md Balto Co

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive arteriosclerotic cerebro vascular disease — 10 yrs

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION: Unknown

19B. MAJOR FINDINGS OF OPERATION: Ca of rectum colostomy performed

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1953, to Oct 19, 1954, that I last saw the deceased alive on Oct 16, 1954, and that death occurred at 6:50 A M, from the causes and on the date stated above.

SIGNATURE Louis Lemenoff M D — ADDRESS 1543 Fountain Ave Balto Md — DATE SIGNED 10/19/54

23. BURIAL, CREMATION REMOVAL (SPECIFY) Burial — DATE THEREOF 10/22/54 — NAME OF CEMETERY OR CREMATORY Maryland M. P. Cem — LOCATION (City, town or county) Balto — (State) md

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE A. W. Hegwith — 24. FUNERAL DIRECTOR Loraine Funeral Home — ADDRESS 7401 Belair Rd

VS. A15 — 10-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69148

0:153

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1 PLACE OF DEATH
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL) and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 4 mos. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mount Wilson State Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore Co.
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale- Baltimore 6
STREET ADDRESS (If rural) give location) 8118 old Philadelphia Rd.

3 NAME OF DECEASED (Type or Print) (First) Joseph (Middle,) (Last) Krul

4. DATE OF DEATH (Month) 10 (Day) 20 (Year) 1954

5 SEX Male | 6 COLOR OR RACE White | 7 SINGLE MARRIED WIDOWED DIVORCED. (Specify) Married | 8 DATE OF BIRTH 12/13/1878 | 9 AGE last birthday 75 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min

10A USUAL OCCUPATION Give kind of work done during most of working life even if retired) Laborer | 10B KIND OF BUSINESS OR INDUSTRY: Railroad | 11 BIRTHPLACE (State or foreign country) Austria | 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME John Krul

14 MOTHER'S MAIDEN NAME Tillie Bernacz

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO None

17 INFORMANT & ADDRESS Joseph Krul - 8118 Old Phila.Rd. Balt. 6, Md.

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH: Approx. 1 yr. 4 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES [X] NO [ ]

21A ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home farm factory OF INJURY street, office bldg. etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M | 21E INJURY OCCURRED While at work [ ] Not while at work [ ] | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8, 1954, to 10/20 1954 that I last saw the deceased alive on 10/20/, 1954, and that death occurred at 10:10 A M, from the causes and on the date stated above.

SIGNATURE William Nuzzarello — ADDRESS M D Supt., Mt. Wilson, Md. — DATE SIGNED

23 BURIAL CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-25-54 | NAME OF CEMETERY OR CREMATORY St. Stanislaus Cem. | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-26-54 | REGISTRAR'S SIGNATURE William H. Wartha, M.D. | 24. FUNERAL DIRECTOR M.F. Sadowski & Son; | ADDRESS 1808 Eastern Ave. Balt., Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

09154 MARYLAND STATE DEPARTMENT OF HEALTH 09149

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY BALTO. CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 WOODLAWN AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 1 WOODLAWN AVE.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) W. Last LAMBERT

4. DATE OF DEATH (Month) OCT. (Day) 1 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH JULY 1, 1879

9. AGE Last birthday 75 yrs. If under 1 year Months If under 24 hrs. Days Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired. AUTO DEALER

10b. KIND OF BUSINESS OR INDUSTRY (RETIRED)

11. BIRTHPLACE (State or foreign country) PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME GEORGE W. LAMBERT

14. MOTHER'S MAIDEN NAME DIANA BRECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT MRS. HELEN SCHLOSSER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Occlusion

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ hereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) M.D. ADDRESS DATE SIGNED

Wm M Kieffer M.D. Balto 1010 Cathedral OCT. 1, 54

23. BURIAL CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 10/4/54

NAME OF CEMETERY OR CREMATORY LOUDON PARK

LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REG. 10-4-54

REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR MAC NABB & SON ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09150

CERTIFICATE OF DEATH

09155 Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (In this place) 100 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) 103 Chesapeake Avenue

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) M (Last) LANKFORD

4. DATE OF DEATH (Month) October (Day) 21 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH 1/3/06

9. AGE Last birthday (If under 1 year Months, Days, Hours, Min) 48 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Lankford

14. MOTHER'S MAIDEN NAME Annie Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes WW-II

16. SOCIAL SECURITY NO. 219 01 7270

17. INFORMANT & ADDRESS Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMATOSIS — Interval between onset and death: Unknown.

ANTECEDENT CAUSE (B) DUE TO CARCINOMA OF GALL BLADDER

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH TUBERCULOSIS, CHR. PUL. NOD. ADVANCED ARRESTED

19a. DATE OF OPERATION 7/28/54

19b. MAJOR FINDINGS OF OPERATION LAPOROTOMY, EXPLORATORY METASTATIC CARCINOMA OF LIVER; CA OF GALL BLADDER

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from July 16, 1954, to Oct. 21, 1954, and that death occurred at 7:15AM, from the causes and on the date stated above.

SIGNATURE Irving Freeman

ADDRESS VAH, Fort Howard, Md.

DATE SIGNED 10/21/54

IRVING FREEMAN, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 27, 1954

NAME OF CEMETERY OR CREMATORY Sunny Ridge Memorial Cemetery

LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 10-27-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Harvey Bradshaw Funeral Home

ADDRESS Crisfield, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09156

CERTIFICATE OF DEATH

09151

Reg. Dist. No..... 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS House of the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 3800 Woodhaven Avenue

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Levin (Last)

4. DATE OF DEATH: (Month) October (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 22, 1884

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; M.n.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Mens clothing

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Lab Levin

14. MOTHER'S MAIDEN NAME: Dobra ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Betty Levin - 3800 Woodhaven Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)... Coronary Heart disease — Interval between onset and death: 5-6 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... general arteriosclerosis

(c) nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1954, to Oct. 29, 1954 that I last saw the deceased alive on Oct. 29, 1954., and that death occurred at... 1 15 ..m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. Herman Seidel ADDRESS 2404 Eutaw Pl DATE SIGNED 10/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 31/54 | NAME OF CEMETERY OR CREMATORY: Hebrew Young Mens | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE FILED BY LOCAL REG.: OCT 31 1954 | REGISTRAR'S SIGNATURE: Huntington Williams, M.D. V.E. Harvey asst. | 24. FUNERAL DIRECTOR: Sol. Levinson & Bros. Inc. | ADDRESS: 1124-26 W. North Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09157

CERTIFICATE OF DEATH

62152

Reg. Dist. No 32

Item 12 Filed 10-25-54 SC

1 PLACE OF DEATH

COUNTY Baltimore County MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson

LENGTH OF STAY (in this place) 4 mos. 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Mount Wilson State Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY Baltimore

CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural give location) 320 Park Avenue

3 NAME OF DECEASED (Type or Print) First Henry (Middle) Last Lew

4 DATE OF DEATH (Month) 10 (Day) 13 (Year) 1954

5 SEX Male

6 COLOR OR RACE Yellow

7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Single

8 DATE OF BIRTH 10/10/1892

9 AGE last birthday (IF UNDER 1 YEAR Months Days) (IF UNDER 24 HRS. Hours Min.) 62 yrs

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier

10B KIND OF BUSINESS OR INDUSTRY Restaurant

11 BIRTHPLACE (State or foreign country) Canton, China

12 CITIZEN OF WHAT COUNTRY? China

13 FATHER'S NAME Lew Mon

14 MOTHER'S MAIDEN NAME Wong Tong

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO. Yes - Unknown

17. INFORMANT & ADDRESS Henry Lew - 320 Park Ave., Balt., Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis; Far advanced — INTERVAL BETWEEN ONSET AND DEATH: Approx. 3½ yrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory) OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9/, 1954, to 10/13/1954 that I last saw the deceased alive on 10/13/1954, and that death occurred at 5:00a M, from the causes and on the date stated above.

SIGNATURE Wm. P. Lamm M.D. ADDRESS Superintendent M D Mt. Wilson, Md. DATE SIGNED 10/14/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/15/54

NAME OF CEMETERY OR CREMATORY Lorraine Park

LOCATION (City, town or county) (State) Baltimore County, Md.

DATE REC'D BY LOCAL REGISTRAR 10/15/54

REGISTRAR'S SIGNATURE A. W. Kedrick

24 FUNERAL DIRECTOR Stewart & Mowen Co. ADDRESS 108 W. North Ave. Balt., Md.

VS A15—10-54

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09158

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(9153

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sutherville — LENGTH OF STAY (In this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenspring Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sutherville
STREET ADDRESS (If rural give location) Greenspring Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Ruland (Last) Sudemon

4. DATE OF DEATH: (Month) (Day) (Year) 16 6 1954

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Sept 17, 1886

9. AGE last birthday 68 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Baltimore Water Dept

11. BIRTHPLACE (State or foreign country) Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Samuel Sudemon

14. MOTHER'S MAIDEN NAME Mary Nunnemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Coral Sudemon, Sutherville 6, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema. — Interval between onset and death: 2 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Lung (Primary) — 6 mons.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1953 to Oct., 1954, that I last saw the deceased alive on Oct. 6th, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Miller M.D. — ADDRESS Pikesville-2, Md. — DATE SIGNED 10/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-9-54 — NAME OF CEMETERY OR CREMATORY Garrison Memorial Park — LOCATION (City, town, or county) Catonsville, Md. (State)

DATE REC'D BY LOCAL REG. 10 Oct 1954 — REGISTRAR'S SIGNATURE Rose Louise Hall McRae

24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Govans, Md.

VS. A15

RECEIVED
OCT 13 1954
BUREAU V. R.

Item 8: Film C171, 10/30/54 dtr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09159

CERTIFICATE OF DEATH

Reg. Dist. No. 09154

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-54

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Linden Terrace

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural, give location) 3 Linden Terrace

3 NAME OF DECEASED (Type or Print) (First) Harry (Middle) Gibbons (Last) Little

4 DATE OF DEATH (Month) 10 (Day) 13 (Year) 1954

5 SEX Male | 6 COLOR OR RACE White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8 DATE OF BIRTH Nov-14-1887 1886 | 9 AGE last birthday 67 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Guard - | 10B KIND OF BUSINESS OR INDUSTRY Shipping - Retired | 11 BIRTHPLACE (State or foreign country) Baltimore | 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME David Little

14 MOTHER'S MAIDEN NAME Mary Scharf

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) no

16 SOCIAL SECURITY NO.

17 INFORMANT'S ADDRESS Susan M. Little - Pikesville, Md

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Chronic Bronchial Asthma — 5 yrs.

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory or INJURY street, office bldg., etc) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 to Oct 13, 1954, that I last saw the deceased alive on Oct 12, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE John C. Black, M.D. M D — ADDRESS 5356 Reisterstown Rd — DATE SIGNED

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/15/54 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) (State) Pikesville Md

DATE REC'D BY LOCAL REGISTRAR 10-15-54 | REGISTRAR'S SIGNATURE [illegible] | 24 FUNERAL DIRECTOR Frank H. Purnell | ADDRESS Pikesville, Md

09160

09155

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

It D... F... 1-3-54 et

1. PLACE OF DEATH: COUNTY ... MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... | LENGTH OF STAY (in this place) ... | HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY ... | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... | STREET ADDRESS (If rural give location) ...

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) ... (Last) ...

4. DATE OF DEATH: (Month) ... (Day) 15 (Year) 1954

5. SEX: F | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ... | 8. DATE OF BIRTH ... | 9. AGE last birthday ... yrs | If under 1 year: Months ... Days ... | If under 24 hrs: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ... | 10b. KIND OF BUSINESS OR INDUSTRY ... | 11. BIRTHPLACE (State or foreign country) ... | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ... | 14. MOTHER'S MAIDEN NAME ...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown ... (If yes, give war or dates of service) ... | 16. SOCIAL SECURITY NO. ... | 17. INFORMANT AND ADDRESS ...

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Arterio-Sclerotic Heart Disease	10 yrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) with Acute Heart Failure	24 hrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of Left Kidney.	8 months

19a. DATE OF OPERATION: May - 1954 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Kid. with Metastasis | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ... | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from July 6, 1950, to Oct. 15, 1954, that I last saw the deceased alive on Oct. 14, 1954, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ... ADDRESS ... DATE SIGNED

Earl L. Chambers M.D. 4108 Liberty Hts (Baltimore 7) Md. 10-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) ... | DATE THEREOF ... | NAME OF CEMETERY OR CREMATORY ... | LOCATION (City, town, or county) ... (State) 10-15-54

DATE REC'D BY LOCAL REG. 10-18-54 | REGISTRAR'S SIGNATURE C. W. Hedrick | 24. FUNERAL DIRECTOR ... ADDRESS ...

1ST

9367 Harford Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ... for ... clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND 09161

09156

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 2
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEDENT: STATE Md. (Annapolis) COUNTY Anne A...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Paradise & Altamont Aves.

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) L. (Last) LURZ
4. DATE OF DEATH: (Month) Oct, (Day) 6 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Apr. 21, 1882
9. AGE Last birthday: 72 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Dooley
14. MOTHER'S MAIDEN NAME: Isabelle Sengstack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. - - -
17. INFORMANT AND ADDRESS: Mrs. Olen Smith, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarct

Antecedent cause (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerotic Cardio Vascular Renal

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, Spread: Burial
DATE: 10-9-54
NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 10/7/54
REGISTRAR'S SIGNATURE: T. E. Harry
24. FUNERAL DIRECTOR: Geo. A. Talley, Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05102

CERTIFICATE OF DEATH

Reg. Dist. No. 9157

Item 12 Fil. 6172 11-5-54 et

1 PLACE OF DEATH. COUNTY Balt Co. MARYLAND
CITY If outside corporate limits write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCormick Home

2 USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 1518 Jackson St.

3. NAME OF DECEASED: (First) Louis (Middle) Meier (Last)
4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 1954
5. SEX M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W
8. DATE OF BIRTH: 9-29-70
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min
10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired). Tailor
10b. KIND OF BUSINESS OR INDUSTRY: Indeco
11 BIRTHPLACE (State or foreign country): Germany
12 CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unk.
14. MOTHER'S MAIDEN NAME: Unk.
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16 SOCIAL SECURITY NO
17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic Pneumonia Terminal — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cardio Vascular Renal & Arteriosclerosis — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Left Hip — 10/6/54

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20 1954 to 10-20 1954, that I last saw the deceased alive on 10-18 1954, and that death occurred at 5-30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Elliot W. Johnson M.D. ADDRESS 3432 Frederick Ave. Balto 29 Md. DATE SIGNED 11-2-54

23 BURIAL, CREMATION, REMOVAL? (Specify) Burial DATE THEREOF 10-23-54 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 10-22-54

24. FUNERAL DIRECTOR J. L. McCann ADDRESS 130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09158

09163 CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH
COUNTY BALTIMORE — MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN FORT HOWARD
LENGTH OF STAY (in this place) 216 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL HOLLYNECK ROAD

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY BALTIMORE
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED (Type or Print): (First) JOHN (Middle) L. (Last) MONATH

4 DATE OF DEATH (Month) OCTOBER (Day) 1 (Year) 1954

5 SEX: MALE

6 COLOR OR RACE: WHITE

7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8 DATE OF BIRTH: 12-1-91

9 AGE Last birthday: 62 yrs. IF UNDER 1 YEAR Months: — Days: — IF UNDER 24 HRS Hours: — Min.: —

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired): PORTER

10B KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12 CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME: CHRISTIAN MONATH

14 MOTHER'S MAIDEN NAME: ELIZABETH PHILLIPI

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

IMMEDIATE CAUSE (A) PNEUMONIA, RIGHT LUNG AND GASTROINTESTINAL BLEEDING, CAUSE UNK. OWN — INTERVAL BETWEEN ONSET AND DEATH: 8 DAYS

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

M

VA

2. I hereby certify that I attended the deceased from FEB. 27, 1954, to OCT. 1, 1954, and that death occurred at 6:20AM, from the causes and on the date stated above.

SIGNATURE: William B. VandeGrift, M.D. ADDRESS: M D VAH, FT. HOWARD, MARYLAND DATE SIGNED: 10-1-54

23 BURIAL CREMATION REMOVAL (SPECIFY): BURIAL | DATE THEREOF: OCT. 4 1954 | NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL | LOCATION (City, town, or county) State: BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 10/4/54 | REGISTRAR'S SIGNATURE: A. M. Hedrick

24 FUNERAL DIRECTOR: WILLIAM COOK-BLIGHT INC. ADDRESS: 6009 HARFORD RD. BALTO. 11, MD.

Raymond J. Murphy

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69159

09164 **CERTIFICATE OF DEATH** Reg Dist. No. 30

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. H.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1 Methodist Home

3 NAME OF DECEASED: (Type or Print) (First) Carey (Middle) A. (Last) Moore, Sr.

4 DATE OF DEATH (Month) 10 (Day) 8 (Year) 1954

5 SEX M | 6 COLOR OR RACE W | 7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) divorced | 8 DATE OF BIRTH 5-7-1875 | 9 AGE last birthday 79 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) salesman rtd | 10B KIND OF BUSINESS OR INDUSTRY Furniture | 11 BIRTHPLACE (State or foreign country) unknown | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: James Moore | 14 MOTHER'S MAIDEN NAME Carrie Sadler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS Mr. Carey A. Moore, Jr.-243 N. Washington St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosl. Cardio-Ren. Dis. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO (B) General Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 19 54, to 10/8, 19 54, that I last saw the deceased alive on 10/8, 19 54, and that death occurred at 6:20 P.M, from the causes and on the date stated above.

SIGNATURE Hattie Buchstein M D | ADDRESS Spring Grove St. Hosp | DATE SIGNED 10/12/54

23 BURIAL CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/12/54 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 10/12/54 | REGISTRAR'S SIGNATURE [illegible] | 24 FUNERAL DIRECTOR Wm. J. Dickens & Sons | ADDRESS Balto Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09160

09165 **CERTIFICATE OF DEATH** Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Aero Acres
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aero Acres
STREET ADDRESS (If rural, give location) 14 Slipstream Ct.

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) M. (Last) MOORE
4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: May 8, 1923
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country) West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry C. Johnson
14. MOTHER'S MAIDEN NAME: Leona J. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Edward L. Moore (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
174.X
Immediate cause (a) Cancer of Uterus
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Same
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH 12-11-53 to 10-19-54

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: March 24 1954
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, infiltration-involved from uterus
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1953, to Oct 19, 1954, that I last saw the deceased alive on Oct 19, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.
SIGNATURE Irving V. Beck M.D. (DEGREE OR TITLE) ADDRESS 601 Fruitledge Ave Baltimore 30 Md DATE SIGNED 10-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 10/20/54
NAME OF CEMETERY OR CREMATORY Parsons
LOCATION City, town, or county) Parsons, (State) W. Va.
DATE REC'D BY LOCAL REG. 10/20/54
REGISTRAR'S SIGNATURE Estil Hurley
24. FUNERAL DIRECTOR ADDRESS John G. Connelly, Essex, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09161

09166 **CERTIFICATE OF DEATH** Reg. Dist. No.

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (In this place) Since 7/17/1954
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville 28, Md

2. USUAL RESIDENCE (HOME OF DECEASED)
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore # 29
STREET ADDRESS (If rural give location) 702 Hunting Place

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) M. (Last) MORAN
4. DATE OF DEATH (Month) 10 (Day) 30 (Year) 1954
5 SEX fem.
6 COLOR OR RACE white
7 SINGLE MARRIED WIDOWED DIVORCED (Specify) W. Dowd
8 DATE OF BIRTH 5/31/1867
9 AGE Last birthday: 87 yrs. (IF UNDER 1 YEAR Months Days) (IF UNDER 24 HRS Hours Min)
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country) New York
12 CITIZEN OF WHAT COUNTRY? U. S. A.
13 FATHER'S NAME James Fitzgerald
14 MOTHER'S MAIDEN NAME Delia Malone
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk) unk. (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO
17 INFORMANT & ADDRESS This Hospital's Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Terminal pneumonia — 1 week
ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic heart
DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION 19B MAJOR FINDINGS OF OPERATION
2
20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 3:20 A M, from the causes and on the date stated above.

SIGNATURE Bruno Radauskas M D ADDRESS Spring Grove St. Hospital DATE SIGNED 10/30/1954

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/2/54 — NAME OF CEMETERY OR CREMATORY Mount St. Joseph's — LOCATION (City, town or county) Waterbury Conn. — State

DATE REC'D BY LOCAL REGISTRAR October 30. 1954 — REGISTRAR'S SIGNATURE R. W. — 24 FUNERAL DIRECTOR Eckert Mortuary Inc. — ADDRESS [illegible]

09162

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09167 **CERTIFICATE OF DEATH** Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-52

1 PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1926 Englewood Ave.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 1926 Englewood Ave.

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) L. (Last) MORRIS

4. DATE OF DEATH (Month) Oct. (Day) 10, (Year) 1954

5 SEX male

6 COLOR OR RACE white

7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8 DATE OF BIRTH Dec. 6, 1867

9 AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min 86 yrs

10A USUAL OCCUPATION Give kind of work done during most of working life (never retired) Maintenance Foreman (rtd)

10B KIND OF BUSINESS OR INDUSTRY Railroad-

11 BIRTHPLACE (State or foreign country) Virginia

12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME Robert Morris

14 MOTHER'S MAIDEN NAME Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO none

17. INFORMANT & ADDRESS Miss Edna Morris-1926 Englewood Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Uremia -

ANTECEDENT CAUSE (S) (B) DUE TO: Arteriosclerosis of the Kidneys

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO: Arteriosclerosis of Brain, Dementia

INTERVAL BETWEEN ONSET AND DEATH: (A) 2 wks (B) ? (C) ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory street, office bldg., etc OF INJURY

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to October 10, 1954 that I last saw the deceased alive on October 9, 1954, and that death occurred at 11:30 A M, from the causes and on the date stated above.

SIGNATURE AND M D: Jean Coleman ADDRESS: Baltimore Md. DATE SIGNED: 10-11-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Removal

DATE THEREOF: 10/13/54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Port Republic, Va.

DATE REC'D BY LOCAL REGISTRAR: 10/12/54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24 FUNERAL DIRECTOR: Wm. J. Turner & Sons ADDRESS: Salisbury Md.

09163

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09168

CERTIFICATE OF DEATH

Reg. Dist. No.

Item 9, Film 372 11-8-54

1 PLACE OF DEATH

COUNTY BALTO. | MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE | LENGTH OF STAY (in this place) 14 yrs 10 mos

HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED

STATE MD. | COUNTY BALTO

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE

STREET ADDRESS (If rural give location) 2310 ELLICOTT ST.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) MORRIS (Last)

4 DATE OF DEATH (Month) (Day) (Year) 10 - 26 - 1954

5 SEX M | 6 COLOR OR RACE W | 7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8 DATE OF BIRTH 11-13-1881 | 9 AGE (Last birthday) 72 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CIGAR MAKER | 10B KIND OF BUSINESS OR INDUSTRY. | 11. BIRTHPLACE (State or foreign country) BALTO. | 12. CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME. WILLIAM MORRIS | 14. MOTHER'S MAIDEN NAME MOLLIE BAACKSTONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS MARIE WALLIS [redacted] SAME ADDRESS

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153

IMMEDIATE CAUSE (A) INTESTINAL OBSTRUCTION

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) ADENOCARCINOMA WITH DUE TO

(C) METASTISES

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION 10-22-54 | 19B MAJOR FINDINGS OF OPERATION OBSTRUCTION AT SIGMOID FLEXURE | 20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 19 54 to 10-26; 19 54 that I last saw the deceased alive on 12-26-54 19 , and that death occurred at 7.30 M, from the causes and on the date stated above.

SIGNATURE Maud E. Edwards, M D | ADDRESS Spring Grove State Hosp. | DATE SIGNED 10-26-54

23 BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 30 1954 | NAME OF CEMETERY OR CREMATORY Baltefem | LOCATION (City, town, or county) E North Ave Ext (State)

DATE REC'D BY LOCAL REGISTRAR 10/29/54 | REGISTRAR'S SIGNATURE U. W. Hedges | 24 FUNERAL DIRECTOR Lee. Cook | ADDRESS 701-03 N. Patterson Park

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

09169

09164

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 54

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Woodlawn P.O.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Green Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baldwin
STREET ADDRESS (If rural, give location) Green Road

3. NAME OF DECEASED: (Type or Print) (First) LESTER (Middle) LOMAN (Last) MORRISON

4. DATE OF DEATH (Month) OCT (Day) 30 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH. July 9, 1954

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months 3 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward B. Boley

14. MOTHER'S MAIDEN NAME: Irene Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) SUPPURATIVE OTITIS MEDIA

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Ralph Emerin M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 10/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 1, 1954

NAME OF CEMETERY OR CREMATORY Immaculate Conception Cem.

LOCATION (City, town, or county) Jacksonville, Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. Nov. 3-1954

REGISTRAR'S SIGNATURE C. E. Arthur D. R. Reg.

24. FUNERAL DIRECTOR John Aquino Sons

ADDRESS Towson, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09165

09170 CERTIFICATE OF DEATH Reg. Dist. No. 3C

1 PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 3 WKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 2211 W. ROGERS AVE.

3 NAME OF DECEASED (Type or Print) (First) CATHERINE (Middle) M. (Last) MURPHY

4 DATE OF DEATH (Month) OCT. (Day) 10 (Year) 1954

5 SEX F

6 COLOR OR RACE W

7 MARRIED, WIDOWED, DIVORCED (Specify) [illegible]

8 DATE OF BIRTH August 1, 1869

9 AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B KIND OF BUSINESS OR INDUSTRY --

11 BIRTHPLACE (State or foreign country) Ireland

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. UNKNOWN Theodore Micheau

14. MOTHER'S MAIDEN NAME UNKNOWN Catherine O'Brien

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) no

(If Yes give war or dates of service)

16 SOCIAL SECURITY NO none

17 INFORMANT & ADDRESS 2211 W. ROGERS METHO DIST HOME FOR AGED

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARDIAC DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH 1 HR.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO CARDIO-VASCULAR ARTERIOSCLEROSIS — 5 YR.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 6:22 A.M, from the causes and on the date stated above.

SIGNATURE Ben Blackman M D ADDRESS Spring Grove Hosp. DATE SIGNED 10/10/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/13/54

NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.

LOCATION (City, town, or county) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 10-11-54

REGISTRAR'S SIGNATURE [illegible]

24 FUNERAL DIRECTOR Wm. J. Tichner & Son

ADDRESS Catonsville 17 Md

VS. A15 — 10-54

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09171

09166

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

Item 4 Film G171 10-14-54 gt

1. PLACE OF DEATH — COUNTY: Balto — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Phila Rd Route 2-#386

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): Phila Rd Route 2-#386

3. NAME OF DECEASED (Type or Print): (First) Myra (Middle) (Last) Murray

4. DATE OF DEATH: Month 10 (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 16 1874

9. AGE: Last birthday 80 yrs. If under 1 year Months / If under 24 hrs. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: — Brooks

14. MOTHER'S MAIDEN NAME: Mary L. Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-22-8955-B

17. INFORMANT AND ADDRESS: Mrs David Foley Phila Rd Rt 2-386

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden / 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1954, to Oct 4, 1954, that I last saw the deceased alive on Oct 4, 1954 and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE: H. B. Longenecker (Degree or title) M.D. ADDRESS: Balto Co Md DATE SIGNED: Oct 4 1954

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 10/7/54

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem

LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REG.: Oct. 5 1954

REGISTRAR'S SIGNATURE: Mrs. M.P. Reifsnider

24. FUNERAL DIRECTOR: Loudon Funeral Home ADDRESS: Rt 40 Belair Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
OCT
BUR

(2)

09172

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09167

CERTIFICATE OF DEATH

Reg. Dist. No. . . .

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 300 S. Augusta Ave

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) W. (Last) Myers

4. DATE OF DEATH (Month) Oct. (Day) 24 (Year) 54 19

5. SEX Female

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH 1881

9. AGE Last birthday 73 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.

10b. KIND OF BUSINESS OR INDUSTRY C.H.

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Rupert

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Rosalie Myers. 300 S Augusta Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular fibrillation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary angina

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 27/54

NAME OF CEMETERY OR CREMATORY Loudon Pk.

LOCATION (City, town, or county) Baltimore. (State) Md.

DATE REC'D BY LOCAL REG. 10-26-54

REGISTRAR'S SIGNATURE A.W. Hedrich dpr.

24. FUNERAL DIRECTOR Harry A. Mitzel

ADDRESS 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09173 **CERTIFICATE OF DEATH** 09168

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Towson, — LENGTH OF STAY (In this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Cecelia (Middle) C. (Last) Nitsch
4. DATE OF DEATH: (Month) Oct. (Day) 2, (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 2, 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Edward A. Nitsch
14. MOTHER'S MAIDEN NAME: Elizabeth Jacobi
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Twilah Elliott Presbyterian Home Towson Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause: (a) Senile changes with cachexia — 3 yrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last: (b) Senility & arteriosclerosis — Unknown
DUE TO
(c) Cerebral Hemorrhage, Spontaneous — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, to Oct. 2, 1954, that I last saw the deceased alive on Sept. 26, 1954, and that death occurred at 10.30 a.m., from the causes and on the date stated above.
SIGNATURE Collin B. Hudson M.D. DEGREE OR TITLE ADDRESS 606 Baltimore Ave. Towson, Md. DATE SIGNED 10/2/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Oct. 5, 1954
NAME OF CEMETERY OR CREMATORY Lorraine Cemetery
LOCATION City, town, or county Woodlawn, Md. (State)

DATE REC'D BY LOCAL REG. 10-4-54
REGISTRAR'S SIGNATURE a w Hedrick
24. FUNERAL DIRECTOR John O. Mitchell Sons Inc.
ADDRESS 1900 Eutaw Place

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09169

09174

CERTIFICATE OF DEATH

Reg Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL) OR TOWN Fort Howard
MARYLAND
LENGTH OF STAY (In this place) 24 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale
STREET ADDRESS (If rural give location) 227 Ferndale Road

3 NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) A. (Last) NIX

4 DATE OF DEATH (Month) October (Day) 21, (Year) 19 54

5 SEX Male | 6 COLOR OR RACE White | 7 SINGLE MARRIED WIDOWED DIVORCED. (Specify) Married | 8 DATE OF BIRTH 9/10/26 | 9 AGE Last birthday 28 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min

10A USUAL OCCUPATION Give kind of work done during most o working life even if retired) Clerk | 10B KIND OF BUSINESS OR INDUSTRY Meat Packing Corp. | 11 BIRTHPLACE (State or foreign country) Roscoe, Texas | 12 CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME Walter H. Nix

14. MOTHER'S MAIDEN NAME Dink Richardson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) WW II

16 SOCIAL SECURITY NO 464-20-1279

17 INFORMANT & ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ASTROCYTOMA LEFT FRONTAL LOBE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm factory OF INJURY street office bldg etc | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 27, 1954 to Oct. 21, 1954 that I last saw the deceased on Oct. 21, 1954 and that death occurred at 6:45 P.M. from the causes and on the date stated above

SIGNATURE WILLIAM B. VAN [illegible], M.D. ADDRESS M D VAH, FORT HOWARD, MARYLAND DATE SIGNED 10-22-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-25-1954 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/27/54 | REGISTRAR'S SIGNATURE R.W. Hudson

24 FUNERAL DIRECTOR C. Truman Schwab Funeral Home ADDRESS 3512 Reisterstown Ave., Baltimore, Md.

09081

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(9170)

CERTIFICATE OF DEATH

Reg. Dist. No.

Items 12, 14, 17, 19, 20, 21, 22, 23, 24 must be completed in all cases. The correct age is especially important. Physicians, please write the cause of death plainly and legibly

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — STREET ADDRESS (If rural, give location) 7366 Manchester Road

3. NAME OF DECEASED (Type or Print): (First) Mary — (Middle) — (Last) Kowicki

4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 54

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED: Widowed

8. DATE OF BIRTH: (Month) — (Day) — (Year)

9. AGE: Last Birthday 73 Years — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Kowicki

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Decubitus on Sacrum - cellulitis — Interval between onset and death: 2 weeks

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C. V. Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1954, to Oct 1, 1954, that I last saw the deceased alive on Sept 29, 1954, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stefan O. Kochnicki M.D. — ADDRESS: 6714 Holabird Ave Baltimore 22 Md — DATE SIGNED: 10/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 5/54 — NAME OF CEMETERY OR CREMATORY: Holy Cross — LOCATION (City, town, or county) (State): Baltimore

DATE RECD BY LOCAL REG.: 10/4/54 — REGISTRAR'S SIGNATURE: A. W. Hedrich — 24. FUNERAL DIRECTOR: Fred W. Ozagunski — ADDRESS: 1930 Eastern Ave

92

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09171

05175

CERTIFICATE OF DEATH

Reg. Dist. No. 40

Items 8 and 9 entered by funeral director 10/7/54

1 PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Arm
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Mrs, Mary E, (Bessie) Ohler

4 DATE OF DEATH (Month) (Day) (Year) October 3 19 54

5 SEX female | 6 COLOR OR RACE: white | 7 SINGLE MARRIED WIDOWED, DIVORCED. (Specify) Widowed | 8 DATE OF BIRTH July 25, ~~1878~~ 1882 | 9 AGE last birthday 72 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS Hours | Min.

10A USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home

10B KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Co. Maryland

12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME. Edward Callahan

14 MOTHER'S MAIDEN NAME Fannie Dixon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO

17 INFORMANT & ADDRESS Mr. Ernest F. Ohler, Glen Arm, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Bowel. — INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) Carcinomatosis — unknown.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Hypertrophic Myocard. Tis: unknown

19A DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home farm factory OF INJURY street, office bldg., etc

21C WHERE DID INJURY OCCUR? City or town; (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug. 25, 1954, to Oct. 4, 1954, that I last saw the deceased alive on Oct. 2., 1954, and that death occurred at 2 40 a M, from the causes and on the date stated above.

SIGNATURE Isabel A. McClinton M D ADDRESS Kingsville Md. DATE SIGNED 10.4.54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 7, 1954 | NAME OF CEMETERY OR CREMATORY St. John's Cemetery | LOCATION (City, town, or county) (State) Long Green, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-5-54 | REGISTRAR'S SIGNATURE A. W. Hedges

24 FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Isabelle Mc Clinton
Fork 4411
Kingsville, Maryland

09176 Usual Residence 09172

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18 Bur. Stat. No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex Balto 21 Summer Residence
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 424 River View, ?

2. USUAL RESIDENCE OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto 21 Essex.
STREET ADDRESS (If rural, give location) 424 River View. Essex

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Paulus (Last)
4. DATE OF DEATH (Month) Oct (Day) 3 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 hrs. Hours	Min.
Male	White	Widower	Mar 21 1872	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Cigar maker.
11. BIRTHPLACE (State or foreign country): Balto. City
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chas Paulus
14. MOTHER'S MAIDEN NAME: Elizabeth Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NOne
17. INFORMANT & ADDRESS: Mrs. Anna Braille (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Deaf & Dumb (Mute)	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct 3 1954 1PM 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J McCarmine (M.D) M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 6, 1954	Baltimore Cemetery	Baltimore Maryland

DATE RECD BY LOCAL REG. 10-6-54 REGISTRAR'S SIGNATURE G W Hunt Deputy Registrar
24. FUNERAL DIRECTOR: Henry Butler & SONS INC. ADDRESS BALTIMORE MARYLAND. Boy F. Butler

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9173

MARYLAND 09177

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown — MD.
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Road —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown —
STREET ADDRESS (If rural, give location) Church Road

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) May (Last) Peddicord

4. DATE OF DEATH (Month) Oct. (Day) 20 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Sept. 7-1888

9. AGE last birthday 66 64 yrs. If under 1 year Months. Days. If under 24 hr Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator - Hats

10b. KIND OF BUSINESS OR INDUSTRY Hat Business

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George C. Peddicord

14. MOTHER'S MAIDEN NAME Julia A. Mosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 212-05-8923

17. INFORMANT AND ADDRESS Mrs Ruby Hardesty - Church Rd -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Sigmoid & metastasis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) To liver —

(c) —

INTERVAL BETWEEN ONSET AND DEATH: 3 Years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan - 1954

19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma - Sigmoid

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1-54, 19 .., to Oct. 20, 1954, that I last saw the deceased alive on Oct. 22, 1954, and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E. Wheeler MD. ADDRESS Randallstown - Md. DATE SIGNED 10-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Oct. 22 1954

NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery

LOCATION (City, town, or county, (State) Randallstown, Maryland

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm J. Tuckner Sons, Inc Catts. 17 Ind. ADDRESS

80178

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 09174

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Morrows Point. LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Co.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE New York COUNTY Rockland
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN NANUET NECK
STREET ADDRESS (If rural, give location) 205 MELBOURNE ST.

3. NAME OF DECEASED: (Type or Print) (First) R (Middle) Albert (Last) Pierce

4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 16 MAY 1915 | 9. AGE last birthday: 39 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) CHEMICAL ENGINEER | 10b. KIND OF BUSINESS OR INDUSTRY COKE OVEN INDSTRY | 11. BIRTHPLACE (State or foreign country): PENNA | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert L. Pierce | 14. MOTHER'S MAIDEN NAME: Mary Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 187-01-9745 | 17. INFORMANT & ADDRESS: OTTO CONSTR CO. 111 FOURTH AVE NEW YORK CITY (3)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) DUE TO Coronary occlusion. 1/2 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 - 7 - 1954 10:35 A.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. McLamore M.D. M. D. CHIEF MEDICAL EXAMINER / DEPUTY MEDICAL EXAMINER / ASSISTANT MEDICAL EXAMINER | DATE SIGNED 10/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF 10-11-54 | NAME OF CREMATORY Ferncliff | LOCATION (City, town, or county) Yonkers (State) N.Y.

DATE REC'D BY LOCAL REG. Oct 8. 1954 | REGISTRAR'S SIGNATURE Dawson L. Parker | 24. FUNERAL DIRECTOR Walter Burch | ADDRESS Bradley Rd. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

09179

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09175

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix — LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix, Route 3
STREET ADDRESS (If rural give location) Warren Rd

3. NAME OF DECEASED (Type or Print): (First) Etta (Middle) Good (Last) Piesol
4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 24 1869
9. AGE: Last birthday 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: ? Hood
14. MOTHER'S MAIDEN NAME: ? Love
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Wm John Piesol, Phoenix, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Left hemiparesis — Interval Between Onset and Death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic heart disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Tumor small intestine - ? type unknown — Heart

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1954, to Oct 3, 1954, that I last saw the deceased alive on Oct 2, 1954, and that death occurred at 11:40 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Elizabeth B. Shirrill M.D. | Cockeysville, Md | 10/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-6-54 | NAME OF CEMETERY OR CREMATORY: Fairview Methodist | LOCATION (City, town, or county) (State): Phoenix, Md.

DATE REC'D BY LOCAL REG. Oct 4 1954 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR: J Scott Brooks, Sparks, Md | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09180 CERTIFICATE OF DEATH

09176

Reg. Dist. No. 55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH.
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Owings Mills, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED. (Type or Print) (First) Ralph (Middle) (Last) Powers

4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: 7 mos. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): [illegible] Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Joyce Collins

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial pneumonia — Interval Between Onset And Death: 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Acute bronchitis — 7 days
DUE TO (c) [illegible]droce[illegible]aly — since birth

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY Home, farm, factory, street, office [illegible] (CITY OR TOWN) [illegible] Mills (COUNTY) [illegible] (STATE) Maryland.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19 , to [illegible], 19 , that I last saw the deceased alive on [illegible] 19 5[illegible], and that death occurred at [illegible], from the causes and on the date stated above

SIGNATURE (Degree or title) Harry S. Butler M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 10-29-54 REGISTRAR'S SIGNATURE Mary S. [illegible]

24. FUNERAL DIRECTOR ADDRESS

VS. A15

09082

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09177

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7308 MANCHESTER RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK; STREET ADDRESS (If rural give location) 7308 MANCHESTER RD.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) WILLIAM (Last) RAYNER

4. DATE OF DEATH: (Month) (Day) (Year) OCTOBER 3 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: AUG. 5, 1885

9. AGE last birthday: 69 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: COUNTY POLICE

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM RAYNER

14. MOTHER'S MAIDEN NAME: ISABELLE THORNTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MARGUERITE G. RAYNER SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) BRONCHOPNEUMONIA — Interval between onset and death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — 1 1/2 YRS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED RHEUMATOID ARTHRITIS — 21 YRS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 46, to OCT 3, 19 54, that I last saw the deceased alive on OCT 3, 1954, and that death occurred at 10 30 P. m., from the causes and on the date stated above.

SIGNATURE Joseph Yuch MD (Degree or title) ADDRESS 423 EASTERN AVE ESSEX 21 MD DATE SIGNED 10/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 10-7-54 — NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM. — LOCATION (City, town, or county) (State): 7225 EASTERN BLVD, MD.

DATE REC'D BY LOCAL REG. 10-7-54 — REGISTRAR'S SIGNATURE A. W. Hudson — FUNERAL DIRECTOR: Charles L. Fuller — ADDRESS: 901 S. COURTLAND ST. BALTO., 24, MD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9178

CERTIFICATE OF DEATH

Reg. Dist. No. 00181

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH
COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS at Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto
CITY If outside corporate limits write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 2127 Hawthorne Rd

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Theodore (Last) Reese

4. DATE OF DEATH (Month) Dec (Day) 27 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH Dec 9 1917

9. AGE last birthday yrs 36 | IF UNDER 1 YEAR Months — Days — | IF UNDER 24 HRS Hours — Min. —

10A. USUAL OCCUPATION Give kind of work done during most of work life even if retired) Clerk

10B. KIND OF BUSINESS OR INDUSTRY Lumber

11. BIRTHPLACE (State or foreign country) Lansdowne Pa

12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME James C. Reese

14. MOTHER'S MAIDEN NAME Esther L. Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes

(If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS Mrs. Reese (wife) Middle River

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Lung

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION Widespread CA of lung

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street office bldg., etc)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7, 1954 to 12-27, 1954 that I last saw the deceased alive on 12-27, 1954 and that death occurred at 7 P M, from the causes and on the date stated above.

SIGNATURE Marvin J. Hunter M.D. ADDRESS DATE SIGNED 10-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Dec 31 '54 NAME OF CEMETERY OR CREMATORY Summit Hill LOCATION (City, town, or county) Summit Hill Pa (State)

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Stewart Myers ADDRESS Balto Md

(4)

MARYLAND STATE DEPARTMENT OF HEALTH

09182 — 2411 N. Charles Street, Baltimore — 09179

CERTIFICATE OF DEATH

Reg. Dist. No.

(M) 8 4 (1)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville — LENGTH OF STAY in this place:
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ridgeway Manor

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 29
STREET ADDRESS (If rural, give location): 4706 Edmondson Ave

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) R. (Last) Reinhardt

4. DATE OF DEATH (Month) (Day) (Year): Oct. 24/54

5. SEX: Female — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow — 8. DATE OF BIRTH: Nov. 10, 1881 — 9. AGE Last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress — 10b. KIND OF BUSINESS OR INDUSTRY: Cutler Bros. — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. E. Fisher — 14. MOTHER'S MAIDEN NAME: Mary Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: 215-07-6957 — 17. INFORMANT AND ADDRESS: Anna Bivans 4900 Westhills Rd

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Hypertension Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 hours / many years

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Myocarditis — many years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19 , to 10/24., 1954, that I last saw the deceased alive on 10/24, 1954, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr Walter Kohn — ADDRESS: 102 E Fort Ave. — DATE SIGNED: 10/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 27/54 — NAME OF CEMETERY OR CREMATORY: Lorraine Pk. — LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG.: 10-26-54 — REGISTRAR'S SIGNATURE: A. W. Hedrich dmr. — 24. FUNERAL DIRECTOR — ADDRESS: Harry A. Smith & Son 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09180

09183 # CERTIFICATE OF DEATH Reg. Dist. No. 30

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 118 Beechwood Ave.

3 NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CAROLINE WILLIAMS RIDER

4 DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1954

5. SEX Female
6 COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9/23/1859
9 AGE (Last Birthday) 95 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10B KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Williams
14 MOTHER'S MAIDEN NAME Anna E. Stead

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO None
17 INFORMANT & ADDRESS Mrs. W. Backes 118 Beechwood Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH 1 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Chronic Hypertensive Cardio-Vascular Disease — 10 yr.

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1944, to 10-10, 1954, that I last saw the deceased alive on 10-10, 1954, and that death occurred at 3.30 P.M., from the causes and on the date stated above.

SIGNATURE Thelma K. Gallagher M D
ADDRESS Catonsville 28, Md.
DATE SIGNED 10-11-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/13/54
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 10/11/54
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Easton Lowe
ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-

RECEIVED
OCT 1[illegible] 19[illegible]
BUREAU V. S

09181

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09184 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16 — 10-54

1 PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Anneslie
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie
STREET ADDRESS (If rural give location): 720 Overbrook Road

3 NAME OF DECEASED (Type or Print): (First) Edna (Middle) A (Last) Robertson
4 DATE OF DEATH (Month) (Day) (Year): Oct. 18, 1954
5 SEX: Female
6 COLOR OR RACE: White
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8 DATE OF BIRTH: July 26, 1881
9 AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never worked
10B KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Baltimore, Md.
12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: John Hausenwald
14 MOTHER'S MAIDEN NAME: Alice Stewart

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):
16 SOCIAL SECURITY NO: None
17 INFORMANT & ADDRESS: Mrs. Ruth S. Graw 720 Overbrook Road

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: INDEFINITE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
(B) DUE TO:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEP, 1954, to 18 OCT, 1954, that I last saw the deceased alive on 16 OCT, 1954, and that death occurred at 7 A M, from the causes and on the date stated above.
SIGNATURE: [signature] M D
ADDRESS: 126 E Belvedere Ave BALTO MD
DATE SIGNED: 19 OCT 54

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct. 20, 1954
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 10-20-54
REGISTRAR'S SIGNATURE: G W. Hedrick
24 FUNERAL DIRECTOR: Wm J. Tackney & Son
ADDRESS: Balto Md.

VS. A15—10-5

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09182

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09185 CERTIFICATE OF DEATH Reg. Dist. No. 5[illegible]

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 20yr. 8mo. 2day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 1924 Eastern Avenue

3. NAME OF DECEASED (Type or Print): (First) Theodora (Middle) (Last) Reder

4. DATE OF DEATH (Month) (Day) (Year): October 21, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE MARRIED WIDOWED DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 19, 1874

9. AGE last birthday (IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min): 80 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Tracey

14. MOTHER'S MAIDEN NAME: Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Cerebral and generalized arteriosclerosis Yrs.

(C) DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER):

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.:

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1954 to 10-21, 1954, that I last saw the deceased alive on 10-20-54 19, and that death occurred at 9:35 AM, from the causes and on the date stated above

SIGNATURE Edward Dorsey Green M.D. ADDRESS Spring Grove State Hospital, Catonsville 28, Maryland DATE SIGNED 10-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF: Oct. 25, 1954; NAME OF CEMETERY OR CREMATORY: Mt. Carmel; LOCATION (City, town, or county) State: Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: Oct 25

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Lilly & Zeiler Inc., ADDRESS: 403 S. Wolfe St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9183

CERTIFICATE OF DEATH

09186 Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Owings Mills, LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 4339 Turkey Branch Parkway

3 NAME OF DECEASED (Type or Print) First: Geoffrey Middle: Lawrence Last: Ross

4 DATE OF DEATH: (Month Day) Oct. 14, Year 1954

5 SEX: male

6 COLOR OR RACE: white

7 SINGLE, MARRIED WIDOWED, DIVORCED, (Specify):

8 DATE OF BIRTH: 6-9-53

9 AGE last birthday If UNDER 1 YEAR Months 1 yrs. If UNDER 24 HRS. Days Hours Min

10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country) Bethesda, Md.

12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME Edward Lynn Ross, Jr.

14 MOTHER'S MAIDEN NAME: Patricia Elaine Ward Ross

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16 SOCIAL SECURITY No.

17 INFORMANT & ADDRESS: Rosewood records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Low intestinal obstruction

DUE TO incarcerat

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congenit DUE TO

(c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION. 19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☒ No ☐

21 ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at from the causes and on the date stated above.

SIGNATURE Harry B. Butler Jr. (Degree or title) ADDRESS DATE SIGNED

23 BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 18, 1954 NAME OF CEMETERY OR CREMATORY Rosewood LOCATION (City, town, or county) (State) Owings Mills, Md.

DATE REC'D BY LOCAL REGISTRAR 10-19-54 REGISTRAR'S SIGNATURE Mary B. Kline

24 FUNERAL DIRECTOR C. F. Kline & Sons ADDRESS Reisterstown, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09089 — 2411 N. Charles Street, Baltimore — 09184

CERTIFICATE OF DEATH

Reg Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay — LENGTH OF STAY (in this place): 14 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Relay Med Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2101 Park Ave.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Simon (Last) Rowe

4. DATE OF DEATH: (Month) Oct. (Day) 11, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 24 1878

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: Auditor

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dr. Walter Bosley Rowe

14. MOTHER'S MAIDEN NAME: Carrie Burriss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown, (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. James W. Rowe Franklinville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral thrombosis — 6 days

(c) Cerebral arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized arteriosclerosis — Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1953, to Oct 11, 1954, that I last saw the deceased alive on Oct 9, 1954, and that death occurred at 4:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lewis P. Jurby M.D. Relay 27, Md 10/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: Oct. 13, 1954 — NAME OF CEMETERY OR CREMATORY: Cokesbury Cemetery — LOCATION (City, town, or county): Abingdon, — (State): Md.

DATE REC'D BY LOCAL REG. Oct 13 - 54 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: John C. Mitchell & Son Inc 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09185

09187 CERTIFICATE OF DEATH Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1 PLACE OF DEATH
COUNTY Baltimore County MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Mt. Wilson
LENGTH OF STAY (in this place) 5 mos. 2 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mount Wilson State Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 24
STREET ADDRESS (If rural give location) 3608 Foster Avenue

3 NAME OF DECEASED (Type or Print) (First) Louis (Middle) Frederick (Last) Sanders

4 DATE OF DEATH (Month) 10 (Day) 20 (Year) 1954

5 SEX Male | 6 COLOR OR RACE White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8 DATE OF BIRTH 4/13/1883 | 9 AGE Last birthday 71 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Steel Mech. | 10B KIND OF BUSINESS OR INDUSTRY Bethlehem Steel | 11 BIRTHPLACE (State or foreign country) New York | 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME George A. Sanders | 14 MOTHER'S MAIDEN NAME: Catherine

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service: No | 16 SOCIAL SECURITY NO. 213-09-1008 | 17 INFORMANT & ADDRESS Louis F. Sanders, 3608 Foster Ave. Balt., 24, Md.

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH: Approx. 7 months

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18/, 1954, to 10/20/1954 that I last saw the deceased alive on 10/20/, 1954, and that death occurred at 11:00 P.M. from the causes and on the date stated above.

SIGNATURE William Newcomer M.D. ADDRESS Supt., Mt. Wilson, Md. DATE SIGNED

23 BURIAL CREMATION REMOVAL (SPECIFY) Burial | DATE THEREOF 10/23/54 | NAME OF CEMETERY OR CREMATORY Moreland Memorial Park | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 10-26-54 | REGISTRAR'S SIGNATURE William H. Warthen, M.D. | 24. FUNERAL DIRECTOR Leonard J. Ruck & Sons | ADDRESS 5305 Harford Rd., Balt., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

09186

09188 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and legibly. The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Pelzar Ter

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 30 Virginia Ave Zone 21

3. NAME OF DECEASED (Type or Print): (First) Vincent (Middle) (Last) Sears

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 57

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. Specify: Married

8. DATE OF BIRTH: Sept 13 1897

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: P. R.

10. BIRTHPLACE (State or foreign country): Phila. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Patrick Sears

14. MOTHER'S MAIDEN NAME: Mary Agnes Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 161-10-8238

17. INFORMANT AND ADDRESS: Margaret Sears 30 Virginia Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Pelvis

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Lumbar Vertebrae (c) Internal Injuries

INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE, WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office, etc.) OF INJURY: 88 Sky Line (CITY OR TOWN) Bears Pt. - Md (COUNTY) Balto - Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 10-25-57 1 p.m.

INJURY OCCURRED While at work ☐ No, while at work ☐

HOW DID INJURY OCCUR? Bright under Gondola Car

22 *I certify that I took charge of the remains described above, held an Autopsy, Inspection and, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: D Bears M.D. (Degree or title) ADDRESS: Sky Line Dr. Dundalk Md DATE SIGNED: 10/26/57

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF: 10/28/57 | NAME OF CEMETERY OR CREMATORY: Laurel Memory Gardens | LOCATION (City, town, or county) (State): Laurel Md.

DATE REC'D BY LOCAL REG: 10/29/57 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Levy Funeral Home ADDRESS: 1 E Eastern Ave

09187

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09189

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-54

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 17 Hrs.10 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, 23
STREET ADDRESS (If rural give location) 2501 Hollins Street

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) G. W. (Last) SEWELL

4 DATE OF DEATH (Month) October (Day) 31 (Year) 1954

5 SEX Male

6 COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8 DATE OF BIRTH 1/18/95

9 AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min 59 yrs

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker

10B KIND OF BUSINESS OR INDUSTRY Beth. Steel

11 BIRTHPLACE (State or foreign country) St. Michaels, Md.

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME Walter Sewell

14 MOTHER'S MAIDEN NAME Emma Blades

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16 SOCIAL SECURITY NO. 213-07-7243

17 INFORMANT & ADDRESS Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) INFARCT, LEFT VENTRICLE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO THROMBOSIS OF LEFT CIRCUMFLEX ARTERY — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☑ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm factory OF INJURY street, office bldg. etc

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

VAH M 11:00 P. 4:10 P.

22. I hereby certify that I attended the deceased from Oct. 30, 1954, to Oct. 31, 1954, and that death occurred at 4:10 PM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D.

ADDRESS M D VAH, FORT HOWARD, MARYLAND

DATE SIGNED 11-1-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov 3-1954

NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

LOCATION (City, town or county) (State) 5501 Frederick Rd. Balto. 28, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/2/54

REGISTRAR'S SIGNATURE C. W. Hedrick

24 FUNERAL DIRECTOR AND ADDRESS Walters Funeral Home, Pratt & Stricker Sts Baltimore, Maryland

Item 14, Film 171 10-18-54 at

69183

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — " LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 809 N. Woodlyn Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Essex Balto. 21.
STREET ADDRESS (If rural give location) 809 N. Woodlyn Rd.

3. NAME OF DECEASED: (First) George (Middle) Bernard (Last) Sheehan (Type or Print)
4. DATE OF DEATH (Month) Oct (Day) 12 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 11 1920
9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Lithographer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boston, Mass
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Timothy J. Sheehan
14. MOTHER'S MAIDEN NAME: Antoinette Venagroega
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Helen Sheehan same as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Coronary Occlusion.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: 5 Min.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-12-54 5 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from. Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H McCormick M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM~~ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/15/54
NAME OF CEMETERY OR CREMATORY: Balto. National Cemetery
LOCATION (City, town, or county): Balto. (State): Md.
DATE REC'D BY LOCAL REG.: 10-13
REGISTRAR'S SIGNATURE: H. Mc
24. FUNERAL DIRECTOR: John G. Connelly
ADDRESS: Essex, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND 09090

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

69189

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto Co; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lansdowne; MARYLAND; LENGTH OF STAY: in this place, Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2341 7544 Monumental Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto Co Md; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2541 Monumental Ave Lansdowne Md; STREET ADDRESS 2341 (If rural, give location) Lansdowne

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) A Shinley (Last)

4. DATE OF DEATH: (Month) (Day) (Year) IO - IO -54 19

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-9-1880

9. AGE last birthday: 74 ? yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Carroll Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm A Wagner

14. MOTHER'S MAIDEN NAME: Ida Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Marshall R Shipley (Same Address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 mos +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jay 1, 19 54, to Oct 10, 19 54, that I last saw the deceased alive on Oct 24, 19 54 and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE Jer M Kieffer MD (Degree or title) ADDRESS 2410 Erol Blvd DATE SIGNED Oct 11 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Io-13-54

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem

LOCATION (City, town, or county) (State): Frederick Rd Balto Md

DATE REC'D BY LOCAL REG. Oct 11 54

REGISTRAR'S SIGNATURE Jer Kieffer

24. FUNERAL DIRECTOR: Edward Toulson 2359 Wash Blvd Balto Md ADDRESS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 09190

09191 CERTIFICATE OF DEATH Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH

COUNTY ~~Catonsville~~ Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

STREET ADDRESS (If rural give location) 1230 Bonaparte Street

3 NAME OF DECEASED: (Type or Print) First: Miss (Middle): Irene Helen (Last): Shipper

4 DATE OF DEATH: (Month) October (Day) 13 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8 DATE OF BIRTH. Feb 10, 1896

9. AGE last birthday. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min: 58 yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George M. Shipper

14. MOTHER'S MAIDEN NAME Catherine E. Krener

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No

17. INFORMANT & ADDRESS. Miss Rose Shipper, 1230 Bonaparte Street#18

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval Between Onset And Death: 6 months +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of uterus — 6 months +

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-20-54

19b MAJOR FINDINGS OF OPERATION Carcinoma of uterus

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 July, 1954, to 13 Oct, 1954, that I last saw the deceased alive on 13 Oct, 1954, and that death occurred at 10:00 PM, from the causes and on the date stated above.

SIGNATURE John [illegible] (Degree or title) M.D. ADDRESS 1115 Dulaney Pl. Balto. Md. DATE SIGNED 10-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 18, 1954 NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery LOCATION City, town, or county Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 10-14-54 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Road #14

VS. A15

Dr. John Nesbitt
1118 St. Paul Street
12-: to 3 P.M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09191

03192 CERTIFICATE OF DEATH Reg. Dist. No. 39

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Phoenix P.O.

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Blenheim Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Phoenix P.O.

STREET ADDRESS (If rural give location): Blenheim Road

3. NAME OF DECEASED: (Type or Print) First: George Middle: Washington (Last): Sims

4. DATE OF DEATH: (Month) Oct. (Day) 27, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 22, 1967

9. AGE Last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired: Mechanic-Retl

10b. KIND OF BUSINESS OR INDUSTRY: Plant maintenance

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Andrew J. Sims

14. MOTHER'S MAIDEN NAME. Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. A.A.Pyer, Phoenix, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRO-VASCULAR ACCIDENT DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 DAYS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 23, 1954, to Oct 27, 1954, that I last saw the deceased alive on Oct. 27, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William A. Pickering M.D. Timonium Oct. 28, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: Oct. 30, 1954 NAME OF CEMETERY OR CREMATORY: Poplar Grove Cemetery LOCATION (City, town, or county) (State): Cockeysville, Maryland

DATE REC'D BY LOCAL REGISTRAR: Nov. 1, 54 REGISTRAR'S SIGNATURE: M. Elizabeth Gorsuch

24. FUNERAL DIRECTOR: John Burns' Sons ADDRESS: Towson, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09193 **CERTIFICATE OF DEATH**

Reg. Dist. No. 09192 40

1 NAME OF DECEASED (Type or Print) HENRY SMITH

2 DATE OF DEATH 10/5/54

3 PLACE OF DEATH
A Baltimore City, Maryland Balto City - Fullerton
B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Box 325 - Phila Rd - R.F.D. - Fullerton

4 USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
A STATE Md.
B COUNTY Balto.
C CITY OR TOWN (If outside corporate limits write RURAL and give township) Fullerton R.F.D. Balto, Md.
D STREET ADDRESS (If rural, give location) BOX 325 - RFD Fullerton

c Length of stay in Baltimore Lifetime (Yrs. Mos. Days)

5 SEX M
6 COLOR OR RACE White
7 (S) NEVER MARRIED WIDOWED, D VORCED (Specify)
8 DATE OF BIRTH Feb. 26, 1870
9 AGE (Last birthday) 84 If Under 1 Year (Months Days) If Under 24 Hours (Hours Min.)

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10B KIND OF BUSINESS OR INDUSTRY FARMER
11 BIRTHPLACE (State or foreign country) Balto Md.
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME JACOB
14 MOTHER'S MAIDEN NAME ELIZABETH MAGSAMEN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16 SOCIAL SECURITY NO
17 INFORMANT NELLIE ADDRESS Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CORONARY OCCLUSION
DUE TO
(B) ARTERIOSCLEROTIC HEART DISEASE
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH
Hours
Days
IMMEDIATE

ANTECEDENT CAUSES
DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A DATE OF OPERATION
19B MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☐ NO ☒

21A TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21C INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from June, 1954 to Merrit, 19__, that I last saw the deceased alive on 9/30, 1954 and that death occurred at 6 A m., from the causes and on the date stated above.

23A SIGNATURE Dept Jaimes M.D.
23B ADDRESS 30 Chandelle Rd. Balto 20
23C DATE SIGNED 10/5/54

24A BURIAL, CREMATION, REMOVAL (Specify) Burial
24B DATE 10/7/54
24C NAME OF CEMETERY OR CREMATORY Lion Lutheran
24D LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25 FUNERAL DIRECTOR Lonsdale Funeral Home
ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY IN UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

VS A15—10-53

09193

(2)

09194

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. . . .

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Marylander Apts

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) W. (Last) Snyder
4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 54

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 4, 1867
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Molder
10b. KIND OF BUSINESS OR INDUSTRY: Bucks Glass
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ferdinand Snyder
14. MOTHER'S MAIDEN NAME: Catherine ——
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Henry Heimschla Marylander Apts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Arterio-sclerotic heart disease	3 years
Antecedent cause(s) Diseases or conditions if any, giving rise to the above cause stating the underlying cause last	(b)	Adeno-carcinoma of rectum	?
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/14/51
19b. MAJOR FINDINGS OF OPERATION: Abdomino-perineal excision (Adenocarcinoma of rectum). of rectum.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While at Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27/53, to 10/25/54, that I last saw the deceased alive on 10/24/, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harry Deuce M.D. ADDRESS: 1226 Hanover Street, DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 28/54 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 10-26-54
REGISTRAR'S SIGNATURE: A. W. Hedrich d-r.
24. FUNERAL DIRECTOR — ADDRESS: Harry H. Wirtz 4101 Edmondson Ave

09195 09194

Item 9 FilmF171 10-15-54 ot

Item 2, FilmG171 10-14-54 ot

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lechmere
LENGTH OF STAY (in this place) 2 yrs Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lechmere Md.
STREET ADDRESS (If rural, give location) Masonic Home Nursing Home

3 NAME OF DECEASED (Type or Print) First EMMA Middle ELSIE Last SONDERMAN

4 DATE OF DEATH (Month) Oct (Day) 5 (Year) 1954

5 SEX F | 6 COLOR OR RACE W | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | 8 DATE OF BIRTH Oct 10, 1881 | 9 AGE Last Birthday 72 Yrs | If UNDER 1 YEAR Months Days | If UNDER 24 HRS Hours Min

10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired Housewife | 10b KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) Baltimore, Md | 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME Charles Rettberg | 14 MOTHER'S MAIDEN NAME Mary Dollinger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO | 17 INFORMANT'S ADDRESS Mrs. L. Wyatt, Masonic Home Arbutus, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Diverticulosis

19a DATE OF OPERATION | 19b MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b PLACE (Home, farm, factory OF INJURY street, office bldg., etc. Home | 21c WHERE DID INJURY OCCUR? (City or town, (County) (State)

21d TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21e INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8 1952, to Oct 5, 1954, that I last saw the deceased alive on Oct 4, 1954, and that death occurred at 9.15 A. M, from the causes and on the date stated above.

SIGNATURE Martin F. Cleo | ADDRESS Mt Lechmere Md. | DATE SIGNED Oct 4, 1954

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct 8, 1954 | NAME OF CEMETERY OR CREMATORY Loudon Pk. | LOCATION (City, town, or county) Balto. | (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 5-54 | REGISTRAR'S SIGNATURE Laura M. Schroeder | 24 FUNERAL DIRECTOR W. M. Cook | ADDRESS Baltimore

RECEIVED
OCT
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09195

09196 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 15 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 439 S. Pentalow St.

3 NAME OF DECEASED (Type or Print) First (Middle) (Last) Albert F. Sorenson

4 DATE OF DEATH (Month) (Day) (Year) 10-18-1 1954

5 SEX M | 6 COLOR OR RACE W | 7 SINGLE MARRIED, WIDOWED DIVORCED (Specify) Separated | 8 DATE OF BIRTH 4-4-1880 | 9 AGE last birthday 74 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | 10B KIND OF BUSINESS OR INDUSTRY Self Emp. | 11 BIRTHPLACE (State or foreign country) Germany | 12 CITIZEN OF WHAT COUNTRY? Unknown

13 FATHER'S NAME Peter Sorensen | 14 MOTHER'S MAIDEN NAME Andrea Sorensen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) None | 16 SOCIAL SECURITY NO. Unknown None | 17 INFORMANT & ADDRESS Records Spring Grove Hospital

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerosis of Coronary Arteries — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Generalized Arteriosclerosis — Years

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION | 19B MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm factory OF INJURY street, office bldg etc | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1950, to Oct 18, 1954, that I last saw the deceased alive on Oct 18, 1954 and that death occurred at 8:30 a M, from the causes and on the date stated above.

SIGNATURE Frederick E. Philips M D ADDRESS Spring Grove Hosp DATE SIGNED 10/18/54

23 BURIAL CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-20-54 | NAME OF CEMETERY OR CREMATORY London Park | LOCATION (City or town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 10/18/54 | REGISTRAR'S SIGNATURE V.E. Harry | 24 FUNERAL DIRECTOR George L. Schwab | ADDRESS 2101 Frederick Ave

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09196

09197

CERTIFICATE OF DEATH

Reg Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 54

1 PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Parkville
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3110 Du Bois Avenue

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural give location): 3110 Du Bois Avenue

3 NAME OF DECEASED (Type or Print): (First) Mr. (Middle) Charles C. (Last) Sweglar, Sr.

4. DATE OF DEATH: (Month) October (Day) 22, (Year) 1954

5 SEX: male

6 COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8 DATE OF BIRTH: July 20, 1870

9 AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heating Contractor—

10B KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Allentown, Pennsylvania

12 CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: Joseph Peter Sweglar

14 MOTHER'S MAIDEN NAME: Teresa Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unk.
(If Yes, give war or dates of service):

16 SOCIAL SECURITY NO:

17 INFORMANT & ADDRESS: Mrs. Elizabeth Sweglar, 3110 Du Bois Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 4437
(A) Chronic myocarditis & arterio-

ANTECEDENT CAUSE (B) DUE TO: sclerosis with hypertension — 15 yrs +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Indirect inguinal hernia, left. — ?

19A DATE OF OPERATION: — 19B MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1939 to Oct. 22, 1954, that I last saw the deceased alive on Oct. 21, 1954, and that death occurred at 4 4 M, from the causes and on the date stated above.

SIGNATURE: G. M. Bacon, M D — ADDRESS: 510 Taylor Ave. — DATE SIGNED: 10/22/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Oct. 25, 1954 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10/22/54 — REGISTRAR'S SIGNATURE: G. M. Bacon

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

09197

MARYLAND 09198

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE — LENGTH OF STAY IN (If hospital or institution): 2 WEEKS
HOSPITAL OR INSTITUTION — STREET ADDRESS: WAYNE C. HOME

2. USUAL RESIDENCE (HOME) OF DECEASED) — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTO
STREET ADDRESS (If rural, give location): 2145 WILKENS AVE

3. NAME OF DECEASED (Type or Print): (First) GEO (Middle) PATRICK (Last) TIGHE

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1954

5. SEX: M

6. COLOR OR RACE: WHT

7. SINGLE, MARRIED, WIDOWED, OR DIVORCED: WIDOWER

8. DATE OF BIRTH: OCT 12 1881

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days: 2 — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHIP REPAIR

10b. KIND OF BUSINESS OR INDUSTRY: McMAHON

11. BIRTHPLACE (State or foreign country): BALTO MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PATRICK TIGHE

14. MOTHER'S MAIDEN NAME: EMMA HOPT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: MRS DORIS KOZMA 2047 WHISTLE AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Carcinoma of the Larynx with metastases.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ... (c) ...

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1944 & 45a

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the Larynx

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory/street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1954, to 14 Oct, 1954, that I last saw the deceased alive on 14 Oct 1954, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. R. Gatch M.D. — ADDRESS: 1107 Eschmans Ave. Catonsville 28 md — DATE SIGNED: 15 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify): (B) — DATE: 10/18/54 — NAME OF CEMETERY OR CREMATORY: BALTO CEMETER — LOCATION (City, town or county) (State): E. NORTH AVE

DATE REC'D BY LOCAL REG.: 10-15-54 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: GEO LEIMBACH — ADDRESS: 525 LYNDHURST ST

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09199 CERTIFICATE OF DEATH 09199

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 5
LENGTH OF STAY (In this place) 1yr.6mo.8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH (Month) (Day) (Year) 19

5 SEX | 6 COLOR OR RACE | 7 SINGLE MARRIED WIDOWED DIVORCED (Specify) | 8 DATE OF BIRTH | 9. AGE last birthday yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Skille | 10B KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME | 14 MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO | 17 INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.0 (A) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: h days

ANTECEDENT CAUSE (B) DUE TO Cardiac failure — 10

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) Arterioscl

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at M, from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED

M. D

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 11/3/54 | NAME OF CEMETERY OR CREMATORY Green Mount Crematory | LOCATION (City, town, or county) Baltimore, | (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 11/3/54 | REGISTRAR'S SIGNATURE R. W. Hedrick | 24 FUNERAL DIRECTOR Wm. Cook, Inc. | ADDRESS 1517 St. Paul Street

09200

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09199

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson - RURAL
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stella Maris Hospice Dulaney Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2330 E. Milliman Street

3. NAME OF DECEASED (Type or Print) WINIFRED (First) (Middle) TUCKER (Last)

4. DATE OF DEATH (Month) October (Day) 4, (Year) 1954

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Nov. 11, 1870

9. AGE (Last birthday) 83 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY U. S. A.

13. FATHER'S NAME Andrew McLaughlin

14. MOTHER'S MAIDEN NAME Abigail

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS John V. Curran, 2330 Milliman Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval between onset and death: 7 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 10 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour, m.)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1953, to Oct., 1954, that I last saw the deceased alive on Oct 4, 1954 and that death occurred at 6:45 pm m., from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell (Degree or title) M.D. ADDRESS 7501 York Rd. Towson #4 DATE SIGNED 10/4/54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial

DATE THEREOF 10/7/54

NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 10-5-54

REGISTRAR'S SIGNATURE A. W. Jenkins

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69200

09201 CERTIFICATE OF DEATH

Reg Dist No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) RURAL LENGTH OF STAY (in this place) PARKTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY BALTIMORE
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN RURAL PARKTON
STREET ADDRESS If rural, give location PARKTON

3. NAME OF DECEASED (First) (Type or Print) ROBERT. (Middle) MILTON (Last) UREY
4. DATE OF DEATH (Month) Oct. (Day) 31 (Year) 1954
5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH 8-27-1869
9. AGE (last birthday) 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired FARMER
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (State or foreign country) L. CHANCEFORD TWP., PENNA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME SAMUEL UREY
14. MOTHER'S MAIDEN NAME LIZA RIGDON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No
17. INFORMANT & ADDRESS H. E. Withelm, Parkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis, hypertension,
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
DUE TO (b) arterio-sclerosis due to infirmities
DUE TO (c) old age

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION 19b MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1954, to Oct. 31 1954, that I last saw the deceased alive on Oct. 30, 1954, and that death occurred at 1:30 A.M., from the causes and on the date stated above
SIGNATURE H. E. Withelm (Degree or title) ADDRESS Stewartstown Pa. DATE SIGNED Oct. 31, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-3-1954 NAME OF CEMETERY OR CREMATORY McKENDREE LOCATION (Town or county) (State) LOWER CHANCEFORD TWP., PA.
DATE REC'D BY LOCAL REGISTRAR Oct 31 1954 REGISTRAR'S SIGNATURE Charles J. Easton
24. FUNERAL DIRECTOR Kenneth W. Pechman ADDRESS Stewartstown Pa.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09201

09202

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY If outside corporate limits write RURAL and give nearest town OR TOWN Owings Mills, Md. LENGTH OF STAY in this place 4 mos. 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2 USUAL RESIDENCE (HOME) OF DECEASED.

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs

STREET ADDRESS (If rural, give location) 1207 Forest Glen Rd.

3 NAME OF DECEASED: (Type or Print) First Harold Middle Sheldon (Last) Vinicur

4 DATE OF DEATH: (Month) October (Day) 29 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 6-15-54

9. AGE last birthday. IF UNDER 1 YEAR OR UNDER 24 HRS. yrs. 4 Months 7 Days 14 Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Philip Vinicur

14. MOTHER'S MAIDEN NAME: Rose Miskin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?

(If Yes, give war or dates of service)

16 SOCIAL SECURITY No.

17. INFORMANT & ADDRESS: Rosewood records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

75/X

Immediate cause (a) DUE TO: Hydrocephalus - Spina - bifida & meningomyelocele

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arnold - Chiari syndrome

(c)

Interval Between Onset And Death: (a) since birth (b) since birth

II) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21 ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22- , 1954, to 10-29- , 1954, that I last saw the deceased alive on Oct. 29, 1954, and that death occurred at 10:00 a.m., from the causes and on the date stated above

SIGNATURE Viola B. Johns (Degree or title) MD ADDRESS Rosewood St. Dr. Sub Owings Mills, Md DATE SIGNED 11/30/54

23 BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct 31/54 NAME OF CEMETERY OR CREMATORY National Memorial Park LOCATION (City, town, or county) (State) Falls Church, Virginia

DATE REC'D BY LOCAL REGISTRAR October 30 1954 REGISTRAR'S SIGNATURE R.W.S.

24. FUNERAL DIRECTOR Sol. Levinson & Bros. Inc. ADDRESS 1124-26 W. North Ave

10234

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

04203

1 PLACE OF DEATH
COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX
MARYLAND
LENGTH OF STAY (in this place) 17R.
HOSPITAL OR INSTITUTION OR STREET ADDRESS IVY HALL NURSING HOME

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY BALTO.
CITY If outside corporate limits, write RURAL and give nearest town OR TOWN ESSEX (21)
STREET ADDRESS (If rural give location) 948 MARTIN Rd.

3 NAME OF DECEASED (Type or Print) (First) AUDREY (Middle) BLANCHE (Last) WAGGONER

4 DATE OF DEATH (Month) (Day) (Year) 10-31-57 19

5 SEX F | 6 COLOR OR RACE W | 7 SINGLE MARRIED WIDOWED, DIVORCED (Specify) MARRIED | 8 DATE OF BIRTH: 15 SEPT. 1888 | 9 AGE Last birthday 66 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) HOUSEWIFE | 10B KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) VA. | 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: SYLVANUS HAND | 14. MOTHER'S MAIDEN NAME LAVINA CORNELIUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO 213-10-0904B | 17. INFORMANT & ADDRESS KENNETH S. WAGGONER — SAME

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO Generalized Carcinomatosis

ANTECEDENT CAUSE (B) DUE TO Metastatic Carcinoma - RT. Breast

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Primary Carcinoma - RT. Breast

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952 to OCT. 31, 1954 that I last saw the deceased alive on 10/31/54 19, and that death occurred at 8:30 P.M., from the causes and on the date stated above

SIGNATURE John H. Rodgers M D | ADDRESS 815 Eastern Ave | DATE SIGNED 10/31/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 11-3-54 | NAME OF CEMETERY OR CREMATORY MEADOWRIDGE | LOCATION (City, town, or county) HOWARD Co. Md (State)

DATE REC'D BY LOCAL REGISTRAR 11/4/54 | REGISTRAR'S SIGNATURE Edith Hurley | 24 FUNERAL DIRECTOR Keith Funeral Home, Oakley, Newark, N.J. | ADDRESS

VS. A15 — 10 - 56

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09202

09204 CERTIFICATE OF DEATH Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-54

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockwell & Westchester Ave

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) Rockwell & Westchester Ave

3 NAME OF DECEASED (Type or Print) (First) AMY (Middle) C. (Last) WALKER

4 DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1954

5 SEX Female | 6 COLOR OR RACE White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8 DATE OF BIRTH 8/31/1890 | 9 AGE last birthday IF UNDER 1 YEAR Months IF UNDER 24 HRS Days Hours Min 64 yrs

10A USUAL OCCUPATION (Give kind of work, even during most of working life even if retired) Clerical | 10B KIND OF BUSINESS OR INDUSTRY Balto Salesbook Co. | 11 BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME William E. Harris | 14 MOTHER'S MAIDEN NAME Jane M. Champayne

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. | (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO 215-22-1356

17 INFORMANT'S ADDRESS Worchester Ave. Catonsville Md.
J. W. Walker St. Rockwell &

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 10 Days.

ANTECEDENT CAUSE (B) DUE TO Paralysis of Swallowing Center — 4½ years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Emaciation — 3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION — | 19B MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1940 to Oct 26, 1954, that I last saw the deceased alive on Oct 22, 1954, and that death occurred at 10 4 M, from the causes and on the date stated above.

SIGNATURE [signature] M D ADDRESS 111 S. St. Paul St. Baltimore 2, Md. DATE SIGNED

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/28/54 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 10/27/54 | REGISTRAR'S SIGNATURE V. E. Harry | 24 FUNERAL DIRECTOR ADDRESS Easton Sons Catonsville Md.

OCT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 L 9203

09083

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3403 Louth Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 3403 Louth Road

3. NAME OF DECEASED: (Type or Print) (First) MYRTLE (Middle) V. (Last) WEIGAND

4. DATE OF DEATH: (Month) October (Day) 3, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: January 7, 1888

9. AGE last birthday: 66 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William B. Bosley

14 MOTHER'S MAIDEN NAME: Jennie Sylvis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS: Mrs. John Alton, 3403 Louth Road, Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Generalized Carcinomatosis (Infiltration from ca. breast)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH 10 days
10:10 Am

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work Not while at work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20 to Oct. 3 1954; that I last saw the deceased alive on Oct. 3 1954 and that death occurred at 10:10 a.m., from the causes and on the date stated above

SIGNATURE (DEGREE OR TITLE) Oswald Benesch, M.D. ADDRESS 7526 Holabird Ave DATE SIGNED 10/4/54

23. BURIAL, CREMATION REMOVAL (Specify) removal

DATE THEREOF 10/4/54

NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

LOCATION (City, town, or county) Wheeling, (State) West Virginia

DATE REC'D BY LOCAL REG. OCT 5 1954

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

24. FUNERAL DIRECTOR Martin Cook, Inc.,

ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69204

09205 CERTIFICATE OF DEATH Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
MARYLAND LENGTH OF STAY in this place 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lundalk
STREET ADDRESS (If rural give location) 5 Playfield Street

3. NAME OF DECEASED (Type or Print) (First) Otto (Middle) Wilson (Last) Wetzel
4. DATE OF DEATH (Month) October (Day) 4, (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Married
8. DATE OF BIRTH 2-25-1887
9. AGE last birthday 67 yrs (IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.)
10A. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Auditor
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Franklin W. Wetzel
14. MOTHER'S MAIDEN NAME Camila B. Wetzel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO Unknown
17. INFORMANT & ADDRESS Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450 C

IMMEDIATE CAUSE (A) Gangrene of both legsdue to arteriosclerosis

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic heart disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTR. BUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE Home, farm, factory OF INJURY street, office bldg., etc. 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7- , 19 54 to 10-4- , 19 54 that I last saw the deceased alive on 10-4-54 , 19 , and that death occurred at 11:25 p.m. from the causes and on the date stated above.

SIGNATURE Edgar F. Hemsiamm-, Jr. M D ADDRESS Spring Grove State Hosp. Catonsville 28 Maryland DATE SIGNED 10-5-54

23. BURIAL CREMATION REMOVAL (SPECIFY) Burial DATE THEREOF 10/8/54 NAME OF CEMETERY OR CREMATORY Kemptown Cemetery LOCATION (City town or county) Ridgeville, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 10-6-54 REGISTRAR'S SIGNATURE C. W. Hering 24. FUNERAL DIRECTOR John. Cook Jno, ADDRESS 1217 St. Paul Street

09206

09205

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. . ... .

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson - Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Missouri COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Holden
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Jerry (Middle) A. (Last) Whiteman

4. DATE OF DEATH (Month) (Day) (Year) Oct. 12 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 12, 1904

9. AGE last birthday: 50 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pipe Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Construction Co.

11. BIRTHPLACE (State or foreign country): Holden, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Whiteman

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 452-05-4097

17. INFORMANT & ADDRESS: Ford-Bacon-Davis, Inc., 7300 Harford Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound fracture of skull

DUE TO Crushing injuries of face

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street

21c. (City or town) Baltimore (County) (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 12, 1954 M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Explosion of gas pipe

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R B Fisher M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Oct. 13, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): removal

DATE THEREOF 10/14/54

NAME OF CEMETERY OR CREMATORY Bear Creek Cemetery

LOCATION (City, town, or county) Holden, (State) Missouri

DATE REC'D BY LOCAL REG. 10-14-54

REGISTRAR'S SIGNATURE D. H. Hendrickson

24. FUNERAL DIRECTOR The Cook-Blight Co.

ADDRESS 6009 Harford Road

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09206

09207 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kenwood
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Councilman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kenwood
STREET ADDRESS (If rural give location) 13 Councilman Ave

3. NAME OF DECEASED (Type or Print) First: Carrie Middle: Ella Last: Will

4. DATE OF DEATH (Month) Oct (Day) 26 (Year) 1954

5. SEX F

6. COLOR OR RACE W.

7. SINGLE MARRIED WIDOWED DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 21 1882

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days. IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10B. KIND OF BUSINESS OR INDUSTRY. House work

11. BIRTHPLACE (State or foreign country). Frederick Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. Samuel Thomas

14. MOTHER'S MAIDEN NAME Levinia Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk. If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Rogers Will Box 101 Arnold Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 12 wks.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Papiloma, Thyroid. 20 wks.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Cachexia

19A. DATE OF OPERATION 7/19/54

19B. MAJOR FINDINGS OF OPERATION Ca Thyroid

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to Sept 26, 1954, that I last saw the deceased alive on 10/25, 1954, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE Frank T. Kanik Jr M D ADDRESS 9005 Harford Rd Balto DATE SIGNED OCT 26 1954

23. BURIAL CREMATION REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 28-54 — NAME OF CEMETERY OR CREMATORY Loudon Park Cem. — LOCATION (City, town, or county) Frederick Md (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Russell Bros. ADDRESS 7110 Belair Rd.

03654

69207
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne

LENGTH OF STAY (In this place) 40 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Clyde Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lansdowne

STREET ADDRESS (If rural, give location) 119 Clyde Ave

3. NAME OF DECEASED: (Type or Print) (First) Delbert (Middle) Marion (Last) Willey

4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-26-1886

9. AGE last birthday: 68 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Carman

10b. KIND OF BUSINESS OR INDUSTRY: B&O. Railroad

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Delbert Willey

14. MOTHER'S MAIDEN NAME: Belle Hansell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Florence Willey 119 Clyde Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Acute Myocardial Dilitation — Interval between onset and death: 20 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Broncho-Pneumonia — 2 da.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatoid Arthritis — 10 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Milton K. Gallagher M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM ☒

DATE SIGNED 10-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct 20 1954

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REG 10-18-54

REGISTRAR'S SIGNATURE A W Hudnut

24. FUNERAL DIRECTOR Joseph T. Sanford Sr. & Jr.

ADDRESS 1316 Edmondson Ave.

JST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09208

09208 CERTIFICATE OF DEATH

Reg. Dist. No. 4P

PLEASE TYPE OR WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-54

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; MARYLAND LENGTH OF STAY (in this place) 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 818 George Street

3. NAME OF DECEASED (Type or Print): First BOYD; (Middle) B.; Last WILSON

4. DATE OF DEATH (Month, Day) October 15; (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify): Married

8. DATE OF BIRTH: April 23, 1897

9. AGE Last birthday: 57 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min

10A USUAL OCCUPATION Give kind of work done during most of working life even if retired: Salesman

10B KIND OF BUSINESS OR INDUSTRY: Clothing Store

11. BIRTHPLACE (State or foreign country): Kent County

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Wilson

14. MOTHER'S MAIDEN NAME: Emma [illegible] Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes; If Yes, give war or dates of service WW-I

16. SOCIAL SECURITY NO: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hospital, Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	INFARCT LEFT VENTRICLE WITH MURAL THROMBUS	UNKNOWN
ANTECEDENT CAUSE (B) DUE TO	CORONARY ARTERIOSCLEROSIS WITH THROMBOSIS	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO		
(C)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION: ✓

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1954, to Oct. 15, 1954, that I last saw the deceased ~~alive on the~~ and that death occurred at 11:00 A.M., from the causes and on the date stated above.

SIGNATURE: William B. VANDEGRIFT, M.D.

ADDRESS: M D VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 10-20-54

23. BURIAL CREMATION REMOVAL (SPECIFY): Burial

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10-19-54

REGISTRAR'S SIGNATURE: D. W. Hedrick

24. FUNERAL DIRECTOR: Mrs. Katie R. Williams

ADDRESS: 322 N. Schroeder St Balto. Md.

Mrs Katie R. Williams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09209

09209 **CERTIFICATE OF DEATH** Reg. Dist. No. 3 . .

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15—10-54

1. PLACE OF DEATH
   - COUNTY [illegible]
   - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible] MARYLAND
   - LENGTH OF STAY (In this place) 11 yrs
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED
   - STATE Maryland COUNTY Bal[illegible]
   - CITY If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
   - STREET ADDRESS (If rural give location) 920 N. Stricker [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Bentie (Middle) (Last) Winfelden

4. DATE OF DEATH (Month) 10- (Day) 13- (Year) 19 5[illegible]

5. SEX Fem

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) [illegible]

8. DATE OF BIRTH 6-10-1882

9. AGE Last birthday 72 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME William M. Jenkins

14. MOTHER'S MAIDEN NAME Margaret Elizabeth Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO none

17. INFORMANT & ADDRESS Records Spring Grove [illegible]

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE	(A) DUE TO	Pulmonary thrombosis	1 day
ANTECEDENT CAUSE (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO	Arteriosclerotic heart disease	years
26 X1	(C)		
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		Diabetes mellitus	years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4- , 19 5[illegible] to 10-13- 19 5[illegible] that I last saw the deceased alive on 10-13- , 19 5[illegible] and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE Esther B. Hungerford-Green M D ADDRESS Spring Grove State [illegible] Catonsville 28, Maryland DATE SIGNED 10-14-5[illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/16/54

NAME OF CEMETERY OR CREMATORY Moreland Memorial Park Cem.

LOCATION (City, town, or county) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 10-25-5[illegible]

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Wm. J. Palmer & Sons

ADDRESS Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09210 CERTIFICATE OF DEATH

Reg. Dist No 09210

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1 PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Fort Howard, Maryland
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY If outside corporate limits write RURAL and give nearest town)
OR TOWN Baltimore
STREET ADDRESS (If rural give location) 105 S. Curley Street, Baltimore 24

3 NAME OF DECEASED (Type or Print) (First) HENRY (Middle) J. (Last) WOHLFORT

4 DATE OF DEATH (Month) October (Day) 17 (Year) 1954

5 SEX Male

6 COLOR OR RACE White

7 SINGLE MARRIED WIDOWED DIVORCED (Specify) Widowed

8 DATE OF BIRTH July 8, 1894

9 AGE last birthday 60 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Letter Carrier

10B KIND OF BUSINESS OR INDUSTRY Postal, U.S.Mail

11 BIRTHPLACE (State or foreign country) Baltimore, Maryland

12 CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME. Henry Wohlfort

14 MOTHER'S MAIDEN NAME Mary MN: Stolk

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) WW-I

16 SOCIAL SECURITY NO Unknown

17 INFORMANT & ADDRESS Clin.Rec.Vet.Adm.Hospital,Ft. Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF LEFT LUNG

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE Home, farm, factory OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

VA

22 I hereby certify that I attended the deceased from Sept.29, 1954 to Oct. 17, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 12:40 PM. from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDYKE, M.D.

ADDRESS M D VAH, FORT HOWARD, MD.

DATE SIGNED 10-18-54

23 BURIAL CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-21-54

NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery

LOCATION City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-20-54

REGISTRAR'S SIGNATURE A. W. Rickard

24 FUNERAL DIRECTOR Wm. Cook-Flight Inc.

ADDRESS 6009 Harford Road Baltimore 11, Maryland

351

09211

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09211

CERTIFICATE OF DEATH

Reg. Dist. No. 21 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1 PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Catonsville
MARYLAND
LENGTH OF STAY (in this place) 2yr, 6mo, 8da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 98 College Ave.

3 NAME OF DECEASED (Type or Print) First: William Middle: Curtis Last: Wood

4 DATE OF DEATH (Month) Oct. (Day) 16 (Year) 1954

5 SEX: Male
6 COLOR OR RACE: White
7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8 DATE OF BIRTH: March 9, 1901
9 AGE last birthday: 53 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman, minister
10B KIND OF BUSINESS OR INDUSTRY.
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: Joseph C. ~~William~~ Wood
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
If Yes, give war or dates of service: 4-25-17 to 7-30-19
16 SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
(B) DUE TO Hypertensive cardiovascular disease — years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from July 1, 1954 to Oct. 16, 1954, that I last saw the deceased alive on Oct. 15, 1954, and that death occurred at 4:15 AM, from the causes and on the date stated above.

SIGNATURE Lorne Frances Woodward M D ADDRESS Spring Grove State Hosp. Catonsville Md DATE SIGNED 10-16-54

23 BURIAL CREMATION REMOVAL (SPECIFY) DATE THEREOF 10-19-54 NAME OF CEMETERY OR CREMATORY National Cem LOCATION (City, town, or county) Annapolis Md State

DATE REC'D BY LOCAL REGISTRAR 10/19/54
REGISTRAR'S SIGNATURE [illegible] of U.S. Navy
24 FUNERAL DIRECTOR John M. Layton Sons ADDRESS Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09212 CERTIFICATE OF DEATH Reg. Dist. No. 09212

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 31
STREET ADDRESS (If rural give location) 241 Spring Court

3 NAME OF DECEASED (Type or Print) (First) HARRISON (Middle) (NMI) (Last) WOODS

4 DATE OF DEATH (Month) October (Day) 5 (Year) 1954

5 SEX Male
6 COLOR OR RACE. Colored
7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8 DATE OF BIRTH February 2, 1888
9 AGE Last birthday 66 yrs
If UNDER 1 YEAR Months Days
If UNDER 24 HRS Hours Min

10A USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Janitor
10B KIND OF BUSINESS OR INDUSTRY School
11 BIRTHPLACE (State or foreign country) Baltimore, Maryland
12 CITIZEN OF WHAT COUNTRY? U. S. A.

13 FATHER'S NAME Talbot Woods
14 MOTHER'S MAIDEN NAME Mary MN: Davenport

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service Yes WW-I
16 SOCIAL SECURITY NO Unknown
17 INFORMANT & ADDRESS. Clin.Rec.,Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) CEREBRAL ARTERIOSCLEROSIS — UNKNOWN

ANTECEDENT CAUSE (B) IN ACH — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) MANY SMALL NECROSES/CORPUS STRIATUM

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH EPILEPSY GRAND MAL — UNKNOWN

19A DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc
21C WHERE DID INJURY OCCUR? City or town (County) (State)
21D TIME OF INJURY (Month) (Day) Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

VA

2. I hereby certify that X attended the deceased from Oct. 1, 1954 to Oct. 5, 1954 AM PM, and that death occurred at 9:35 AM, from the causes and on the date stated above.

SIGNATURE: William B. VanDegrift, M.D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 10-5-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/8/1954
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION City, town, or county, (State) Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR 10-6-54
REGISTRAR'S SIGNATURE A. W. Hokenbrock
24 FUNERAL DIRECTOR AND ADDRESS Arlington Phillips, 1808 N. Monroe St. Baltimore 17, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

09213

MARYLAND STATE DEPARTMENT OF HEALTH

09213 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pulaski Hiway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 4201 Massachusetts Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) S. (Last) Wright

4. DATE OF DEATH: (Month) Oct (Day) 23 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, (MARRIED) WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH: 7-2-1897 | 9. AGE at birthday: 57 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Syracuse N. Y.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: William Shepherd Wright
14. MOTHER'S MAIDEN NAME: Dineen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 186-09-4038
17. INFORMANT AND ADDRESS: Loretta W. Wirsh 6650 Dillon Dale Rd Chevy Chase Md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

20. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. 10/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: 10/26/54
NAME OF CEMETERY OR CREMATORY: Washington D. C.
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG 10/26/54
REGISTRAR'S SIGNATURE: Edith Hurley
24. FUNERAL DIRECTOR: [illegible]
ADDRESS

VS. A15A

099084

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 19214

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenhaven 22 | LENGTH OF STAY (In this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1760 Brookville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Same 53
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Edward (Last) Yeager.
4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept 15 1907	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Welder	Bell Tel Co.	Pa. Centralia	U.S.A.

13. FATHER'S NAME: Wm. Yeager
14. MOTHER'S MAIDEN NAME: Clara Elizabeth Reath.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
YES	W.W. II	190-07-9108	Mrs Margt. Yeager (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion.	Instant
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardio Vascular Renal Disease	Several years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Oct 10-7-1954 7 P.M.		Natural

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. McCormick M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-11-54	BALTO. NATIONAL	BALTO. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 8-1954	William M. Kelly	Wolfe Parks Bradley	Landeth, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
OCT 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10252

09214

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Item 2, Filed 7/1/54 Rev.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY in this place 2 mos 7/27/54; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY —; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City; STREET ADDRESS (If rural give location) 1856 Pinecrest Nursing Home

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Anna (Last) Zeller ZELLER

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: 5/15/80

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Balt.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Hefner ?

14. MOTHER'S MAIDEN NAME: Anna? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

40.0.0

IMMEDIATE CAUSE (A) Cerebro Chronic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Advanced Arteriosclerosis (Generalized) — ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Parkinson's Disease (advanced) ?

19A. DATE OF OPERATION: — 0

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27/54, 19 , to 10/11/54, 19 , that I last saw the deceased alive on 10/11/54, 19 , and that death occurred at 6 A M, from the causes and on the date stated above.

SIGNATURE Harold Ward M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 10/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Oct. 14, 1954

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10/12/54

REGISTRAR'S SIGNATURE: C. M. Hedrick

24. FUNERAL DIRECTOR: Leonard J. Ruck ADDRESS: 5305 Harford Road, 14

MARGIN RESERVED FOR BINDING

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VS. A15—10-53

1